

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public  
Inspection

**A** For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2231 CRYSTAL DRIVE 450</b> City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22202</b> <b>F</b> Name and address of principal officer: <b>ZARNAAZ BASHIR</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>35-1044487</b> <b>E</b> Telephone number <b>202-371-9090</b> <b>G</b> Gross receipts \$ <b>79,656,668.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.ASTHO.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1942</b> <b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO SUPPORT, EQUIP, AND ADVOCATE FOR STATE AND TERRITORIAL HEALTH OFFICIALS IN THEIR WORK OF</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>377</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>18</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>68,529,593.</b>	<b>70,657,095.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,708,610.</b>	<b>4,065,197.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>44,050.</b>	<b>204,501.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>56,540.</b>	<b>69,104.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>70,338,793.</b>	<b>74,995,897.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>9,509,929.</b>	<b>5,562,232.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>37,243,093.</b>	<b>42,503,993.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>23,782,944.</b>	<b>27,309,907.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>70,535,966.</b>	<b>75,376,132.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-197,173.</b>	<b>-380,235.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>22,537,555.</b>	<b>18,777,230.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>12,293,807.</b>	<b>8,910,812.</b>
		<b>10,243,748.</b>	<b>9,866,418.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>ZARNAAZ BASHIR, DEPUTY CEO</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AARON M. FOX</b>	Preparer's signature <b>AARON M. FOX</b>	Date <b>06/18/25</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01365820</b>
	Firm's name <b>CBIZ ADVISORS, LLC</b>	Firm's EIN <b>88-1478669</b>		
	Firm's address <b>1899 L STREET, NW #850 WASHINGTON, DC 20036</b>	Phone no. <b>202-227-4000</b>		

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

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**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:

TO SUPPORT, EQUIP, AND ADVOCATE FOR STATE AND TERRITORIAL HEALTH  
OFFICIALS IN THEIR WORK OF ADVANCING THE PUBLIC'S HEALTH AND  
WELL-BEING.

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 \$ 14,955,813. including grants of \$ 1,761,181. ) (Revenue \$ 4,065,197. )

COMMUNITY HEALTH AND DISEASE PREVENTION (INCLUDING SOCIAL & BEHAVIORAL  
HEALTH):

THE COMMUNITY HEALTH AND DISEASE PREVENTION PROGRAM AREA PROVIDES  
LEADERSHIP SUPPORT AND CAPACITY BUILDING TO POSITION STATE AND  
TERRITORIAL HEALTH OFFICIALS AS CHIEF HEALTH STRATEGISTS IN THEIR  
JURISDICTIONS TO IMPROVE POPULATION HEALTH IN THREE DISTINCT BUT  
COORDINATED AREAS OR POPULATIONS: FAMILY AND CHILD HEALTH; MATERNAL AND  
INFANT HEALTH; AND CHRONIC DISEASE.

CONTINUED ON SCHEDULE O.

4b (Code: ) (Expenses \$ 13,618,347. including grants of \$ 2,681,359. ) (Revenue \$ )

HEALTH SECURITY:

ASTHO'S HEALTH SECURITY UNIT (HSU) FOCUSES ON HEALTH EMERGENCIES CAUSED  
BY NATURAL DISASTERS, OUTBREAKS AND PANDEMICS, DELIBERATE ATTACKS, AND  
ENVIRONMENTAL CATASTROPHES. THE UNIT IS COMPRISED OF 4 SEPARATE BUT  
INTEGRATED TEAMS: EMERGING INFECTIOUS DISEASE TEAM, PREPAREDNESS TEAM,  
INFECTIOUS DISEASE POLICY AND INFRASTRUCTURE TEAM, AND THE  
ENVIRONMENTAL HEALTH TEAM. THE HSU MISSION IS TO SUPPORT AND  
PROACTIVELY EMPOWER HEALTH AGENCIES TO ADDRESS HEALTH SECURITY  
CHALLENGES THROUGH EVIDENCE-BASED RESOURCES, KNOWLEDGE, PARTNERSHIPS,  
AND INNOVATION.

CONTINUED ON SCHEDULE O.

4c (Code: ) (Expenses \$ 12,412,359. including grants of \$ 995,386. ) (Revenue \$ )

CENTER FOR POPULATION HEALTH STRATEGIES/POPULATION HEALTH AND  
INNOVATION:

CENTER FOR POPULATION HEALTH STRATEGIES PROGRAM AREA PROVIDES  
LEADERSHIP SUPPORT AND CAPACITY BUILDING TO POSITION STATE AND  
TERRITORIAL HEALTH OFFICIALS AS CHIEF HEALTH STRATEGISTS IN THEIR  
JURISDICTIONS. THE CENTER ALSO PROVIDES LEADERSHIP ON BUILDING STATE  
CAPACITY TO ADDRESS HEALTH EQUITY BY CREATING AND SUPPORTING TOOLS AND  
RESOURCES FOR THE INCLUSION OF HEALTH EQUITY LANGUAGE IN PROPOSALS AND  
CONTRACTS.

CONTINUED ON SCHEDULE O.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 23,077,535. including grants of \$ 124,306. ) (Revenue \$ )

4e Total program service expenses 64,064,054.

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>X</b>	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> 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.		
<b>a</b> 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>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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>	<b>X</b>	
<b>15</b> 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>	<b>X</b>	
<b>16</b> 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>		<b>X</b>
<b>17</b> 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. See instructions</i>		<b>X</b>
<b>18</b> 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>		<b>X</b>
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

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**Part IV Checklist of Required Schedules** (continued)

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

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	79
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	<b>X</b>

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**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b> 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	<b>2a</b> 377		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
<b>4a</b> 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)?			<b>X</b>
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b> 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?			<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?			<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>			<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>			<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <span style="float:right"><b>1a</b> 18</span>			
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 on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <span style="float:right"><b>1b</b> 18</span>			
<b>2</b> 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? .....	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>	<b>X</b>	
<b>7a</b> 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? .....	<b>7a</b>	<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>	
<b>9</b> 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 on Schedule O .....	<b>9</b>		<b>X</b>

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>		<b>X</b>
<b>b</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? .....	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>		<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	<b>X</b>	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>		<b>X</b>
<b>b</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? .....	<b>16b</b>		

**Section C. Disclosure**

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

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

**19** Describe on 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  
**JERROD MCFARLAND - 202-371-9090**  
**2231 CRYSTAL DRIVE , 450, ARLINGTON, VA 22202**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL ROBERT FRASER CHIEF EXECUTIVE OFFICER	37.50			X				515,478.	0.	75,956.
(2) LINDSEY MYERS VICE PRESIDENT	37.50				X			212,945.	0.	221,139.
(3) MARCUS G PLESCIA SENIOR VICE PRESIDENT	37.50					X		333,020.	0.	66,817.
(4) ZARNAAZ BASHIR DEPUTY CEO	37.50			X				275,741.	0.	70,435.
(5) AMBER N WILLIAMS SENIOR VICE PRESIDENT	37.50				X			262,143.	0.	57,261.
(6) JOHN T LANE CHIEF PROGRAM OFFICER	37.50				X			269,234.	0.	46,528.
(7) ADAM D STALEY SENIOR VICE PRESIDENT	37.50				X			271,288.	0.	34,960.
(8) CAROLYN MULLEN SENIOR VICE PRESIDENT	37.50				X			270,036.	0.	33,778.
(9) KIMBERLEE WYCHE ETHERIDGE SENIOR VICE PRESIDENT	37.50				X			256,185.	0.	33,701.
(10) CHRISTINE MACKIE VICE PRESIDENT	37.50					X		224,757.	0.	57,478.
(11) KARL ENSIGN VICE PRESIDENT	37.50					X		214,868.	0.	63,176.
(12) JAN TAYLOR VICE PRESIDENT	37.50					X		226,626.	0.	51,056.
(13) JAMIE PINA VICE PRESIDENT	37.50					X		170,469.	0.	34,396.
(14) STEVEN STACK PRESIDENT, KY	2.50	X		X				0.	0.	0.
(15) SCOTT HARRIS PRESIDENT-ELECT, AL	1.50	X		X				0.	0.	0.
(16) ALEXIA HARRIST IMMEDIATE PAST PRESIDENT, WY	1.50	X		X				0.	0.	0.
(17) PAULA NICKELSON, PAST PRESIDENT, REGION VII DIRECTOR, MO	1.50	X		X				0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MANISHA JUTHANI SECRETARY-TREASURER, CT	1.00	X		X				0.	0.	0.
(19) MARK LEVINE REGION I DIRECTOR, VT	1.00	X						0.	0.	0.
(20) CARLOS MELLADO LOPEZ REGION II DIRECTOR, PR	1.00	X						0.	0.	0.
(21) DEBRA BOGEN REGION III DIRECTOR, PA	1.00	X						0.	0.	0.
(22) SUSAN KANSAGRA REGION IV DIRECTOR, NC	1.00	X						0.	0.	0.
(23) ELIZABETH HERTEL REGION V DIRECTOR, MI	1.00	X						0.	0.	0.
(24) JENNIFER SHUFORD REGION VI DIRECTOR, TX	1.00	X						0.	0.	0.
(25) IHSAN AZZAM REGION IX DIRECTOR, NV	1.00	X						0.	0.	0.
(26) UMAIR A SHAH REGION X DIRECTOR, WA	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,502,790.	0.	846,681.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,502,790.	0.	846,681.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 99

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRESIDENT & FELLOWS OF HARVARD COLLEGE, 1033 MASSACHUSETTS AVE, 2ND FLOOR,	TECHNICAL ASSISTANCE	1,420,336.
LODESTAR CONSULTING AND EXECUTIVE COACHING 4750 COCKRELL LN, SPRINGFIELD, IL 62711	LEADERSHIP TRAINING	766,700.
SDL CONSULTING, 200 LAWYERS RD NW, SUITE 571, VIENNA, VA 22183	SYSTEM IMPLEMENTATION	597,522.
AMERICAN TECHNOLOGY SERVICES, 2751 PROSPERITY AVE, SUITE 600, FAIRFAX, VA	INFORMATION TECHNOLOGY	561,147.
RIESTER INFLUENCE LLC, 4075 WILSON BLVD, 8TH FL, SUITE 813, ARLINGTON, VA 22203	PUBLIC AFFAIRS CONSULTING	449,399.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 50

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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Part VII

[illegible]

Total to Part VII, Section A, line 1c

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**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	69,732,095.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	925,000.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> CONTRACT REVENUE .....	<b>Business Code</b>					
		900099		2,428,297.	2,428,297.		
	<b>b</b> MEMBERSHIP DUES .....	900099		1,636,650.	1,636,650.		
	<b>c</b> SPEAKER FEES .....	900099		250.	250.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			4,065,197.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			108,349.			108,349.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			3,550.			3,550.
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
			4,756,923.				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	4,660,771.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	96,152.				
	<b>d</b> Net gain or (loss) .....			96,152.			96,152.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS .....	<b>Business Code</b>					
		900099		65,554.			65,554.
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			65,554.			
<b>12 Total revenue.</b> See instructions .....			74,995,897.	4,065,197.	0.	273,605.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,537,232.	5,537,232.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	25,000.	25,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,844,281.	1,539,952.	1,304,329.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	29,641,824.	25,464,826.	4,176,998.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,028,218.	2,587,367.	440,851.	
<b>9</b> Other employee benefits	4,627,197.	3,891,304.	735,893.	
<b>10</b> Payroll taxes	2,362,473.	1,970,622.	391,851.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	57,987.	11,812.	46,175.	
<b>c</b> Accounting	156,282.		156,282.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	17,807,626.	15,966,996.	1,840,630.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	707,456.	188,234.	519,222.	
<b>14</b> Information technology	632,080.	230,736.	401,344.	
<b>15</b> Royalties				
<b>16</b> Occupancy	1,012,930.	854,551.	158,379.	
<b>17</b> Travel	3,376,009.	3,005,005.	371,004.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,152,342.	1,875,927.	276,415.	
<b>20</b> Interest	12,469.		12,469.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	453,450.	378,239.	75,211.	
<b>23</b> Insurance	51,807.		51,807.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a DUES AND SUBSCRIPTIONS</b>	673,035.	467,582.	205,453.	
<b>b MISCELLANEOUS</b>	141,074.	852.	140,222.	
<b>c PRINTING AND PRODUCTION</b>	75,360.	67,817.	7,543.	
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	75,376,132.	64,064,054.	11,312,078.	0.
<b>26 Joint costs.</b> 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)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,070,335.	<b>1</b>	2,713,239.
	<b>2</b> Savings and temporary cash investments .....	4,784,266.	<b>2</b>	4,765,547.
	<b>3</b> Pledges and grants receivable, net .....	7,769,433.	<b>3</b>	7,543,091.
	<b>4</b> Accounts receivable, net .....	2,113,460.	<b>4</b>	1,126,250.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	356.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	779,814.	<b>9</b>	505,183.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	4,541,879.		
	<b>b</b> Less: accumulated depreciation .....	3,635,784.	<b>10c</b>	906,095.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,926,760.	<b>15</b>	1,217,469.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	22,537,555.	<b>16</b>	18,777,230.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,624,662.	<b>17</b>	6,146,529.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,522,553.	<b>19</b>	1,089,428.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,110,763.	<b>24</b>	509,902.
	<b>25</b> 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 .....	2,035,829.	<b>25</b>	1,164,953.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	12,293,807.	<b>26</b>	8,910,812.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	8,333,909.	<b>27</b>	8,688,093.
	<b>28</b> Net assets with donor restrictions .....	1,909,839.	<b>28</b>	1,178,325.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	10,243,748.	<b>32</b>	9,866,418.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	22,537,555.	<b>33</b>	18,777,230.

Form **990** (2023)

**ASSOCIATION OF STATE AND TERRITORIAL  
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Form 990 (2023)

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	74,995,897.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	75,376,132.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-380,235.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	10,243,748.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,905.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	9,866,418.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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	<b>2a</b>	<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b>	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 on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Employer identification number  
**35-1044487**

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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		
<b>Total</b>						

**ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS**

Schedule A (Form 990) 2023

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	33701085.	43978741.	55267905.	68529593.	70657095.	272134419
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	33701085.	43978741.	55267905.	68529593.	70657095.	272134419
<b>5</b> 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) .....						1260102.
<b>6 Public support.</b> Subtract line 5 from line 4.						270874317

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	33701085.	43978741.	55267905.	68529593.	70657095.	272134419
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	10,527.	30,163.	25,287.	30,700.	111,899.	208,576.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	22,944.	95,138.	43,406.	56,540.	65,554.	283,582.
<b>11 Total support.</b> Add lines 7 through 10						272626577
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	8,513,796.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.36	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	96.97	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990) 2023



**ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS**

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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>		

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS**

Schedule A (Form 990) 2023

35-1044487 Page 6

**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 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

**ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS**

Schedule A (Form 990) 2023

35-1044487 Page 7

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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.)

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS

Employer identification number

35-1044487

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS

Employer identification number

35-1044487

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 69,300,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS

Employer identification number

35-1044487

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS

Employer identification number

35-1044487

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C  
(Form 990)

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

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 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 campaign activity expenditures ..... \$

3 Volunteer hours for political campaign activities .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... \$

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2023

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		7,053.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		180,000.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		187,053.													
<b>d</b> Other exempt purpose expenditures		75,189,079.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		75,376,132.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	279,345.	275,555.	261,798.	187,053.	1,003,751.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	30,847.	30,728.	41,105.	7,053.	109,733.

Schedule C (Form 990) 2023



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Employer identification number  
**35-1044487**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

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

Schedule D (Form 990) 2023

## 2023.05080 ASSOCIATION OF STATE AND 204176 1

**ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS**

Schedule D (Form 990) 2023

35-1044487 Page **3**

**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 .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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
(1) DEPOSITS	169,389.
(2) 457(B) PLAN DEPOSITS	71,192.
(3) RIGHT-OF-USE-ASSET	976,888.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,217,469.

**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
(1) Federal income taxes	
(2) LEASE LIABILITIES	1,064,953.
(3) DEFERRED SPONSORSHIPS	100,000.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,164,953.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2023



**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	74,998,802.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,905.
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	2,905.
3	Subtract line 2e from line 1	3	74,995,897.
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	74,995,897.

**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	75,376,132.
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	75,376,132.
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	75,376,132.

**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.

PART X, LINE 2:

FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023, ASTHO HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

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" on  
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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		25,000.
<b>3 a</b> Subtotal .....	0	0			25,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			25,000.

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

Schedule F (Form 990) 2023

**ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS**

Schedule F (Form 990) 2023

**35-1044487**

Page **2**

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PUBLIC HEALTH COLLABORATIVE TO IMPROVE CARDIOVASCULAR HEALTH	25,000.	CHECK	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 ..... **0**

**SEE PART V FOR COLUMN (D) DESCRIPTIONS**

**Schedule F (Form 990) 2023**

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

[illegible]

ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS

Schedule F (Form 990) 2023

35-1044487 Page 4

**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 the 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 separately 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 the Instructions for Forms 3520 and 3520-A; don't 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 the 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 the 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 the 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 separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2023

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.

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 GRANTS MANAGER PRIOR TO PAYMENT TO ENSURE COMPLIANCE WITH  
TERMS.

PART I, LINE 3:

THE ACCRUAL BASIS OF ACCOUNTING IS USED TO ACCOUNT FOR EXPENDITURES FOR  
GRANTS/ASSISTANCE GIVEN TO ORGANIZATIONS OUTSIDE OF THE U.S.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC  
(D) PURPOSE OF GRANT: PUBLIC HEALTH COLLABORATIVE TO IMPROVE  
CARDIOVASCULAR HEALTH OUTCOMES.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Employer identification number  
**35-1044487**

**Part I** General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMPTROLLER OF MARYLAND DBA MARYLAND DEPARTMENT OF HEALTH - 201 W.PRESTON STREET, ROOM 541 - BALTIMORE , MD 21201	52-6002033	501C3	615,000.	0.			STATE ENVIRONMENTAL HEALTH DIRECTORS PEER NETWORK SUPPORTING CAPACITY BUILDING AND
DEPARTMENT OF VERMONT HEALTH ACCESS - NOB 1 SOUTH, 280 STATE DRIVE - WATERBURY, VT 05671	03-6000264	170C1	321,213.	0.			COVID-19 IMMUNIZATION DATA EXCHANGE, ADVANCEMENT & SHARING (IDEAS) LEARNING
BIG CITIES HEALTH COALITION ASTHO-PHIP - 6909 LAUREL AVE.#11442 - TAKOMA PARK, MD 20913	88-1791197	501C3	124,306.	0.			IMPROVING OVERDOSE SURVEILLANCE AND PREVENTION CAPACITY AND READINESS OF OVERDOSE
COMMUNITY ACTION PARTNERSHIP OF KERN - 1300 18TH STREET, SUITE 200 - BAKERSFIELD,, CA 93301	95-2402760	501C3	105,000.	0.			ONC IMMUNIZATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS)
COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS - 707 ROBINS ST., SUITE 118 - CONWAY, AR 72034	71-0393919	501C3	100,000.	0.			NATIONAL INFRASTRUCTURE FOR MITIGATING THE IMPACT OF COVID-19 WITHIN RACIAL AND ETHNIC MINORITY
ENRICHMENT SERVICES PROGRAM, INC 2601 CROSS COUNTY DR BLDG C COLUMBUS, GA 31906	58-1020547	501C3	100,000.	0.			NATIONAL INFRASTRUCTURE FOR MITIGATING THE IMPACT OF COVID-19 WITHIN RACIAL AND ETHNIC MINORITY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **22.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS**

Schedule I (Form 990)

35-1044487

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONWEALTH OF MASSACHUSETTS ONE ASHBURTON PLACE , 9TH FLOOR BOSTON, MA 02108	04-6002284	501C3	90,000.	0.			ONC IMMUNIZATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS)
COMMONWEALTH OF MASSACHUSETTS DPH 250 WASHINGTON STREET BOSTON, MA 02108	04-6002284	501C3	84,493.	0.			ONC IMMUNIZATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS)
CNMI COMMONWEALTH HEALTHCARE CORP P. O. BOX 500409 SAIPAN, MP 96950	66-0774364	170C1	75,000.	0.			PUBLIC HEALTH COLLABORATIVE TO IMPROVE CARDIOVASCULAR HEALTH OUTCOMES
GUAM'S ALTERNATIVE LIFESTYLE ASSOCIATION - P.O. BOX 128 - HAGATNA, GU 96932	66-0716699	501C3	75,000.	0.			PUBLIC HEALTH COLLABORATIVE TO IMPROVE CARDIOVASCULAR HEALTH OUTCOMES
HEALTH RESEARCH, INC. ELM & CARLTON STREETS BUFFALO , NY 14263	14-1402155	501C3	75,000.	0.			BUILDING CAPACITY TO REDUCE MENTHOL AND FLAVORED COMMERCIAL TOBACCO PRODUCTS
CENTER FOR MULTICULTURAL HEALTH 1120 E. TERRACE ST. SUITE 200 SEATTLE, WA 98122	91-0983698	501C3	50,000.	0.			BUILDING CAPACITY TO REDUCE MENTHOL AND FLAVORED COMMERCIAL TOBACCO PRODUCTS
GRAND RAPIDS URBAN LEAGUE 745 EASTERN AVENUE, SE GRANDS RAPIDS , MI 49503	38-1359259	501C3	50,000.	0.			BUILDING CAPACITY TO REDUCE MENTHOL AND FLAVORED COMMERCIAL TOBACCO PRODUCTS
IOWA DEPT. OF PUBLIC HEALTH 321 E 12TH STREET DES MOINES, IA 50319	42-6004523	170C1	50,000.	0.			HEALTH INFORMATION SYSTEMS (HIS) STRENGTHENING IN THE USAPI TERRITORIES AND
LATINO CONNECTION, LLC 4211 ELMERTON AVENUE HARRISBURG, PA 17109	47-5501238	501C3	50,000.	0.			BUILDING CAPACITY TO REDUCE MENTHOL AND FLAVORED COMMERCIAL TOBACCO PRODUCTS

Schedule I (Form 990)



**ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS**

Schedule I (Form 990)

35-1044487

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF IMMUNIZATION MANAGERS - 620 HUNGERFORD DR, STE 29 - ROCKVILLE, MD 20850	52-2346043	501C3	31,244.	0.			ONC IMMUNIZATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS)
CIVITAS NETWORKS FOR HEALTH 500 WESTOVER DRIVE #95712 SANFORD, NC 27330	45-1754340	501C3	31,244.	0.			ONC IMMUNIZATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS)
COLORADO COMMUNITY MANAGED CARE NETWORK - 1212 SOUTH BROADWAY, SUITE 200 - DENVER, CO 80210	84-1260799	501C3	28,560.	0.			PUBLIC HEALTH COLLABORATIVE TO IMPROVE CARDIOVASCULAR HEALTH OUTCOMES
GUIDEHOUSE INC. 1676 INTERNATIONAL DR, SUITE 800 MCLEAN, VA 22102	36-4094854	501C3	22,549.	0.			PUBLIC HEALTH MODERNIZATION EDUCATION FOR PUBLIC HEALTH LEADERS
ARIZONA DEPARTMENT OF HEALTH SERVICES - 150 N. 18TH AVE, SUITE 530 - PHOENIX, AZ 85007	86-6004791	501C3	20,000.	0.			SUPPORTING STATE DEPARTMENT OF HEALTH TOBACCO CONTROL PROGRAMS THROUGH THE STATE TOBACCO
ILLINOIS PUBLIC HEALTH INSTITUTE 310 S. PEORIA STREET, SUITE 404 CHICAGO, IL 60607	26-2757523	501C3	7,500.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT,

Schedule I (Form 990)

ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS

35-1044487

**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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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 GRANTS MANAGER PRIOR TO PAYMENT TO ENSURE COMPLIANCE WITH

TERMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

COMPTROLLER OF MARYLAND DBA MARYLAND DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: STATE ENVIRONMENTAL HEALTH DIRECTORS  
PEER NETWORK SUPPORTING CAPACITY BUILDING AND COLLABORATION

NAME OF ORGANIZATION OR GOVERNMENT: DEPARTMENT OF VERMONT HEALTH ACCESS

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 IMMUNIZATION DATA EXCHANGE,  
ADVANCEMENT & SHARING (IDEAS) LEARNING COMMUNITY WITH THE AIM OF  
ADVANCING IMMUNIZATION INFORMATION SYSTEM (IIS) AND HEALTH INFORMATION  
EXCHANGE (HIE)

NAME OF ORGANIZATION OR GOVERNMENT:

BIG CITIES HEALTH COALITION ASTHO-PHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING OVERDOSE SURVEILLANCE AND  
PREVENTION CAPACITY AND READINESS OF OVERDOSE DATA TO ACTION: STATE AND  
LOCAL RECIPIENTS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS

(H) PURPOSE OF GRANT OR ASSISTANCE: NATIONAL INFRASTRUCTURE FOR  
MITIGATING THE IMPACT OF COVID-19 WITHIN RACIAL AND ETHNIC MINORITY  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: ENRICHMENT SERVICES PROGRAM, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: NATIONAL INFRASTRUCTURE FOR  
MITIGATING THE IMPACT OF COVID-19 WITHIN RACIAL AND ETHNIC MINORITY  
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: IOWA DEPT. OF PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH INFORMATION SYSTEMS (HIS)  
STRENGTHENING IN THE USAPI TERRITORIES AND FREELY ASSOCIATED STATES

NAME OF ORGANIZATION OR GOVERNMENT: ARIZONA DEPARTMENT OF HEALTH SERVICES  
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING STATE DEPARTMENT OF  
HEALTH TOBACCO CONTROL PROGRAMS THROUGH THE STATE TOBACCO CONTROL PROGRAM  
MANAGERS NETWORK

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 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? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**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? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

**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 .....

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

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

**ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS**

Schedule J (Form 990) 2023

35-1044487

Page **2**

**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 aren't 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 and/or 1099-NEC 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				
(1) MICHAEL ROBERT FRASER CHIEF EXECUTIVE OFFICER	(i)	450,934.	64,544.	0.	61,275.	14,681.	591,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDSEY MYERS VICE PRESIDENT	(i)	200,945.	12,000.	0.	25,159.	195,980.	434,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARCUS G PLESCIA SENIOR VICE PRESIDENT	(i)	316,457.	16,563.	0.	39,444.	27,373.	399,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ZARNAAZ BASHIR DEPUTY CEO	(i)	261,828.	13,913.	0.	33,132.	37,303.	346,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMBER N WILLIAMS SENIOR VICE PRESIDENT	(i)	247,346.	14,797.	0.	31,842.	25,419.	319,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN T LANE CHIEF PROGRAM OFFICER	(i)	253,951.	15,283.	0.	31,866.	14,662.	315,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ADAM D STALEY SENIOR VICE PRESIDENT	(i)	258,005.	13,283.	0.	31,631.	3,329.	306,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CAROLYN MULLEN SENIOR VICE PRESIDENT	(i)	256,739.	13,297.	0.	31,666.	2,112.	303,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KIMBERLEE WYCHE ETHERIDGE SENIOR VICE PRESIDENT	(i)	243,568.	12,617.	0.	30,046.	3,655.	289,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHRISTINE MACKIE VICE PRESIDENT	(i)	208,626.	16,131.	0.	27,095.	30,383.	282,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KARL ENSIGN VICE PRESIDENT	(i)	203,924.	10,944.	0.	26,063.	37,113.	278,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JAN TAYLOR VICE PRESIDENT	(i)	215,391.	11,235.	0.	26,755.	24,301.	277,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMIE PINA VICE PRESIDENT	(i)	170,469.	0.	0.	17,734.	16,662.	204,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

**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.

**PART I, LINE 7:**

ASTHO HAS AN ACHIEVEMENT AWARD PROGRAM THAT IS OPEN TO ALL FULL-TIME AND  
PART-TIME EMPLOYEES. ACHIEVEMENT AWARD RECOMMENDATIONS MUST BE MADE BY THE  
EMPLOYEE'S IMMEDIATE SUPERVISOR AND APPROVED BY THE SUPERVISOR'S CHIEF. THE  
ACHIEVEMENT AWARD, A ONE-TIME CASH AWARD IS TO PROVIDE IMMEDIATE  
RECOGNITION FOR A SPECIFIC ACTION OR ACHIEVEMENT BEYOND WHAT IS NORMALLY  
EXPECTED OF AN EMPLOYEE. ADDITIONALLY, ASTHO MAY PERIODICALLY PROVIDE A  
PERFORMANCE OR ACHIEVEMENT BONUS TO INDIVIDUALS AS DEEMED APPROPRIATE.  
BONUS AMOUNTS ARE DISCUSSED WITH SENIOR DIRECTORS AND/OR THE EXECUTIVE  
LEADERSHIP TEAM, SENIOR DIRECTOR AND OPSD (HR) APPROVAL REQUIRED. THE BONUS  
FOR THE CEO IS PART OF HIS CONTRACT AND UP TO THE CAP OF 10% IS DETERMINED  
AND APPROVED ANNUALLY BY THE BOARD.

**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS

Employer identification number  
35-1044487

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVANCING THE PUBLIC'S HEALTH AND WELL-BEING.

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

DURING FY2023, ASTHO MOBILIZED TO SUPPORT OUR MEMBERS ACROSS THE  
COUNTRY THROUGH CAPACITY BUILDING, TECHNICAL ASSISTANCE, POLICY AND  
INNOVATION. THE TEAM EXCELS IN PROVIDING A ROBUST CONTINUUM OF  
TECHNICAL ASSISTANCE DESIGNED TO SUPPORT STATE AND TERRITORIAL HEALTH  
AGENCIES WITH THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF  
PROGRAMMATIC OR PERFORMANCE AREAS AND EXEMPLIFIES THIS THROUGH THE  
FOLLOWING MULTI-SECTOR LEARNING COMMUNITIES:

- RISK APPROPRIATE CARE (RAC). IN 2023, ASTHO AND CDC'S DRH LAUNCHED  
THE RISK APPROPRIATE CARE LEARNING COMMUNITY TO IMPROVE EQUITABLE  
PRACTICES RELATED TO RAC BY TRANSLATING LOCATE DATA INTO PROGRAMMATIC  
AND POLICY ACTION. ASTHO BRINGS TOGETHER EXPERTS IN THE FIELD TO  
ADDRESS GAPS IN KNOWLEDGE AND ADVANCE BOTH NEONATAL AND MATERNAL LEVELS  
OF APPROPRIATE CARE. STAKEHOLDERS INCLUDE STATE HEALTH AGENCY  
LEADERSHIP AND STAFF, PHYSICIAN CHAMPIONS, PEC, PAYORS, EPI, AND  
OTHERS. AS PART OF THE LEARNING COMMUNITY, WE ENGAGED FOUR STATES AND  
PROVIDED NATIONAL REACH VIA LEARNINGS AND RESOURCES DEVELOPED.

- PRAMS - ASTHO ESTABLISHED A COORDINATING CENTER TO SUPPORT A 12  
MULTI-STATE LEARNING COMMUNITY ON PREGNANCY RISK ASSESSMENT MONITORING  
SYSTEM (PRAMS) DATA LINKAGE WITH CLINICAL OUTCOMES DATA. FOCUS ON  
PROVIDING TECHNICAL ASSISTANCE TO STATES TO USE STANDARDIZED

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23



Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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METHODOLOGY TO LINK DATA, RESEARCH FOR MATERNAL AND CHILD HEALTH, AND SUSTAINABILITY AND REPLICATION OF PROJECT.

- THE 16-STATE BREASTFEEDING LEARNING COMMUNITY ENHANCED BREASTFEEDING INITIATION AND DURATION BY IMPROVING POLICIES AND PROVIDED NINE STATES WITH INNOVATION GRANTS TO IMPROVE AND FORM COHESIVE COLLABORATIVE NETWORKS WITH STATE AND LOCAL CROSS-SECTORAL PARTNERS TO ADDRESS BREASTFEEDING DISPARITIES THROUGH TRANSFORMATIVE HEALTH EQUITY APPROACHES.

- ASTHO, IN COLLABORATION WITH CDC AND OTHER NATIONAL PARTNERS ARE WORKING WITH STATES AND COMMUNITIES ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH (SDOH) TO IMPACT HEALTH OUTCOMES IN THEIR COMMUNITIES. IMPACTS EXPECTED ON CHRONIC DISEASE PREVENTION IN ONE OF FIVE AREAS OF SDOH: A) BUILT ENVIRONMENT, B) COMMUNITY-CLINICAL LINKAGES, C) FOOD AND NUTRITION SECURITY, D) SOCIAL CONNECTEDNESS, AND E) TOBACCO-FREE POLICY. ASTHO IS ALSO WORKING WITH AN EVALUATOR ON RETROSPECTIVE EVALUATION. THEIR FINAL REPORT WILL BUILD EVIDENCE FOR SUCCESSFUL EXAMPLES OF USING COMMUNITY BENEFIT TO ADDRESS SDOH AND IMPACT HEALTH OUTCOMES.

- ASTHO'S TOBACCO PREVENTION AND CONTROL PROGRAM EXISTS TO BUILD CAPACITY FOR COMPREHENSIVE TOBACCO PROGRAMS WITHIN STATE AND TERRITORIAL PUBLIC HEALTH DEPARTMENTS BY (1) GUIDING EXECUTIVE LEADERSHIP IN DRAFTING AND INTERPRETING TOBACCO POLICY LANGUAGE, (2) TRANSLATING EVIDENCE-BASED STRATEGIES INTO PRACTICE, (3) INTERPRETING THE IMPACT OF TOBACCO CONTROL POLICIES ACROSS INTERSECTING PUBLIC HEALTH AREAS (I.E. OTHER CHRONIC DISEASES, SOCIAL DETERMINANTS OF

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HEALTH, ETC.), AND (4) PROVIDING EDUCATION ON POLICY AND SYSTEMS  
CHANGES IMPACTING HEALTH DISPARITIES.

- PROGRAMMATIC HEALTH EQUITY INITIATIVES ADDRESSING COVID DISPARITIES-  
LAUNCHING A PORTFOLIO OF RESOURCES TO DISSEMINATE AND PROMOTE LESSONS  
LEARNED, STRATEGIES, AND PUBLIC HEALTH/COMMUNITY ENGAGEMENT ACTIVITIES.  
RESOURCES WILL INCLUDE A COMBINATION OF PODCASTS, CASE STUDIES, VIDEO  
TESTIMONIALS, AUDIO BLOGS, FILED GUIDES AND BRIEFS ON WAY IN WHICH  
PUBLIC HEALTH CAN LEVERAGE THEIR EFFORTS TO ACTIVATE AND INTEGRATE  
EQUITY INTO THEIR PROGRAMMING AND PARTNERSHIP WITH COMMUNITY MEMBERS.

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

HSU IS ACTIVELY ENGAGED IN ALL ASPECTS OF EMERGENCY RESPONSE, IN  
CONJUNCTION WITH THE EXECUTIVE OFFICE, PROVIDING LEADERSHIP AND SME  
INPUT FOR ALL RESPONSES RANGING IN SIZE FROM ANNUAL WILDFIRE AND  
HURRICANE RESPONSE TO LARGER NATIONAL OUTBREAKS SUCH AS EBOLA, MPOX,  
AND COVID-19.

THE HSU HAD OVER 35 ACTIVE PROJECTS FUNDED THROUGH CDC IN THE LAST YEAR  
TOTALING OVER \$12 MILLION. IN ADDITION TO CDC, OUR OTHER FEDERAL  
FUNDERS INCLUDE FDA, EPA, AND ASPR. THE HSU IS FUNDED TO PROVIDE PEER  
TO PEER SUPPORT TO OUR MEMBERS BY SUPPORTING 3 POLICY COMMITTEES  
(ENVIRONMENTAL HEALTH, INFECTIOUS DISEASE, AND PREPAREDNESS) AND  
SEVERAL PEER GROUPS SUCH AS THE STATE ENVIRONMENTAL HEALTH DIRECTORS,  
THE DIRECTORS OF PUBLIC HEALTH PREPAREDNESS, THE MEDICAL COUNTERMEASURE  
COORDINATORS, AND THE STATE TRIBAL HEALTH LIAISONS. THESE GROUPS SERVE  
AS A FORUM AND SPACE TO ALLOW FOR MEMBERS TO PROVIDE:

FEEDBACK ON PRE-DECISIONAL FEDERAL GUIDANCE AND GRANTS

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**35-1044487**

**SHARE BEST/PROMISING PRACTICES**

**PROBLEM SOLVING**

**DEVELOPMENT OF ASTHO POLICY STATEMENTS**

**FEEDBACK FOR FEDERAL POLICY SUCH AS THE REAUTHORIZATION OF THE  
PANDEMIC AND ALL HAZARDS PREPAREDNESS ACT (PAHPA) AND NATIONAL HEALTH  
SECURITY STRATEGY.**

**HSU ALSO MANAGES SEVERAL OTHER LEADERSHIP COUNCILS OR ASSOCIATIONS OF  
ASSOCIATIONS THAT HAVE COME TOGETHER TO PROVIDE GUIDANCE AND THE BEST  
PUBLIC HEALTH THOUGHT AROUND A TOPIC OR ISSUE. THESE GROUPS INCLUDE:  
THE COUNCIL FOR OUTBREAK RESPONSE: HEALTHCARE ASSOCIATED INFECTIONS  
AND ANTIMICROBIAL PATHOGENS (CORHA). CORHA CONSISTS OF 9 PARTNER  
ORGANIZATIONS/FEDERAL AGENCIES ALL ALIGNED TO IMPROVE PRACTICES AND  
POLICIES AT THE LOCAL, STATE, AND NATIONAL LEVELS FOR DETECTION,  
INVESTIGATION, CONTROL, AND PREVENTION OF HAI/AR OUTBREAKS ACROSS THE  
HEALTHCARE CONTINUUM, INCLUDING EMERGING INFECTIONS AND OTHER RISKS  
WITH POTENTIAL FOR HEALTHCARE TRANSMISSION.**

**THE NATIONAL ALLIANCE FOR RADIATION READINESS (NARR). THE NARR IS A  
COALITION OF PUBLIC HEALTH, HEALTHCARE, AND EMERGENCY MANAGEMENT  
ORGANIZATIONS THAT SERVE AS THE COLLECTIVE "VOICE OF HEALTH" IN  
RADIOLOGICAL PREPAREDNESS.**

**HSU STAFF ALSO PROVIDE SUPPORT TO OUR MEMBERS BY REPRESENTING ASTHO AND  
STAFFING MEMBERS ON THE FOLLOWING NATIONAL BOARDS AND COMMITTEES:**

**THE NATIONAL HOMELAND SECURITY CONSORTIUM**

**CDC'S BOARD OF SCIENTIFIC COUNSELORS**

**NATIONAL ACADEMIES OF SCIENCES MED PREP FORUM**

**HEALTHCARE INFECTION CONTROL PRACTICES ADVISORY COMMITTEE**

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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ADVISORY COUNCIL FOR THE ELIMINATION ON TB

ASTHO/NEMA/GOVERNOR'S HOMELAND SECURITY ADVISORS COUNCIL

NATIONAL ASSOCIATION LEADERSHIP COUNCIL

NATIONAL COUNCIL FOR ENVIRONMENTAL HEALTH & EQUITY LEADERSHIP

HSU MANAGES TWO PROJECTS THAT PROVIDE DIRECT STAFF SUPPORT TO PUBLIC HEALTH AGENCIES. WE ARE IN THE FINAL STAGES OF OUR DISABILITY AND PREPAREDNESS SPECIALISTS PROJECT IN WHICH ASTHO PLACED SPECIALISTS IN 18 JURISDICTIONS TO WORK TO CLOSE THE INCLUSIVITY GAPS FOR PEOPLE LIVING WITH DISABILITIES DURING EMERGENCY PREPAREDNESS AND RESPONSE EFFORTS, INCLUDING THOSE FOR COVID-19. MORE RECENTLY WE ARE MANAGING A PROJECT WHICH PROVIDES STATE ENVIRONMENTAL HEALTH STAFF SUPPORT IN 14 JURISDICTIONS.

THE HSU ALSO MANAGES SEVERAL IMMUNIZATION-RELATED PROJECTS INCLUDING THE PARTNERING FOR VACCINE EQUITY GRANT WHICH ALLOWS ASTHO TO PARTNER WITH THE NATIONAL COMMUNITY ACTION PARTNERSHIP TO SUPPORT 5 COMMUNITY ACTION TEAMS TO PROVIDE TARGETED EDUCATION AND ADDRESS BARRIERS TO ACCESSING COVID-19 AND OTHER ADULT VACCINES IN AN EFFORT TO IMPROVE HEALTH EQUITY. THIS PARTNERSHIP HAS LED TO THE DEVELOPMENT OF SEVERAL EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICES ALONG WITH BLOGS, BRIEFS, AND PODCASTS. ADDITIONALLY, WE HAVE PROVIDED SUPPORT TO 2 VIRTUAL POLICY ACADEMIES FOR STATE AND TERRITORIAL LEADERS THAT WILL HELP THEM IMPROVED THEIR CAPACITY TO IDENTIFY, DEVELOP, AND IMPLEMENT POLICIES TO ADDRESS VACCINE HESITANCY.

HSU IS DEVELOPING AN INTERACTIVE AND COLLABORATIVE PLATFORM TO FACILITATE JURISDICTIONAL SHARING OF SUCCESS STORIES, NEW METHODS AND INNOVATIVE SOLUTIONS FOR PUBLIC HEALTH PREPAREDNESS AND COMMUNICABLE

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**DISEASE OUTBREAKS. THIS NEW PLATFORM, INSPIRE: READINESS, WILL SHARE  
STORIES IN 4 SPECIFIC AREAS:**

- DATA SYSTEMS AND MANAGEMENT**
- WORKFORCE**
- EQUITY**
- TRAINING AND RESOURCES**

**HSU HAS ALSO DEVELOPED SEVERAL TECHNICAL PACKAGES WHICH PRESENT  
EVIDENCE-BASED STRATEGIES TO INFORM S/THA ACTIVITIES TO INCREASE  
NATIONWIDE IMMUNIZATION, TO MITIGATE THE CLIMATE-RELATED IMPACTS ON  
HEALTH, AND TO REDUCE CONGENITAL SYPHILIS (ALL SUBMITTED IN THE JOURNAL  
OF PUBLIC HEALTH MANAGEMENT AND PRACTICE).**

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

**THIS PROGRAM BECAME A MAJOR PROGRAM AS OF FY2022. THIS WORK ADDRESSES  
THE HIGHEST PRIORITIES OF THE SELECTED TARGET POPULATION - STATE AND  
TERRITORIAL HEALTH OFFICIALS (S/THOS) AND OTHER STATE AND TERRITORIAL  
HEALTH AGENCY (S/THA) LEADERS, WITH AN EMPHASIS ON SENIOR DEPUTIES AND  
STATE LEGISLATIVE LIAISONS. ASTHO'S AFFILIATE COUNCIL IS ENGAGED IN  
CAPACITY BUILDING ASSISTANCE PROVIDED IN A NUMBER OF AREAS INCLUDING  
WORKFORCE DEVELOPMENT, HEALTH EQUITY, AND THE INTEGRATION OF PUBLIC  
HEALTH AND CLINICAL MEDICINE. THE FOLLOWING 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 SERVICE PROGRAMS.**

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

EXPENSES \$ 23,077,535. INCLUDING GRANTS OF \$ 124,306. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

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 THE MEMBERS OF MEMBERS SHALL SERVE AS THE POLICY MAKING BODY OF THE ASSOCIATION, AND SHALL CONSIST OF ALL ELIGIBLE VOTING MEMBERS OF THE ASSOCIATION, AS APPROVED BY THE BYLAWS. ELIGIBLE VOTING MEMBERS OF THE ASSOCIATION SHALL BE THE CURRENTLY SERVING CHIEF HEALTH OFFICIAL OF THE PUBLIC HEALTH AGENCY OF EACH STATE, TERRITORY, POSSESSION, OR FREELY ASSOCIATED STATE OF THE 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.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERSHIP ELECTS THE VOTING MEMBERS OF THE GOVERNING BODY ANNUALLY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERSHIP ASSEMBLY REVIEWS THE ACTIONS AND RECOMMENDATIONS OF THE BOARD OF DIRECTORS AT LEAST ANNUALLY. THE MEMBERSHIP APPROVES ALL

Name of the organization **ASSOCIATION OF STATE AND TERRITORIAL  
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**35-1044487**

**ASSOCIATION POLICY STATEMENTS AND REVIEWS THE ASSOCIATION'S PRIORITIES AND  
STRATEGIC PLAN.**

**FORM 990, PART VI, SECTION B, LINE 11B:**

**THE BOARD'S 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**

**FORM 990, PART VI, SECTION B, LINE 12C:**

**THE WRITTEN CONFLICT OF INTEREST POLICY IS ANNUALLY DISTRIBUTED AND SIGNED  
BY THE DIRECTORS, OFFICERS, AND SENIOR STAFF MEMBERS. ANY CONFLICTS OF  
INTEREST ARE INVENTORIED BY THE CHIEF 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  
BOARD WHO HAS FINAL AUTHORITY ON THE RESOLUTION OF CONFLICTS OF INTEREST  
FOR ITS MEMBERS, INCLUDING EXPULSION.**

**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 OR  
SURVEYS, AS WELL AS APPROVAL BY THE BOARD. ASTHO'S INTERNAL COMPENSATION  
PLAN, WHICH IS BASED ON PUBLISHED SALARY SERVICE WAS USED TO DETERMINE  
SALARIES FOR TOP MANAGEMENT OFFICIALS, OTHER OFFICERS, AND KEY EMPLOYEES.**

**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.**

Name of the organization **ASSOCIATION OF STATE AND TERRITORIAL  
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**35-1044487****FORM 990, PART IX, LINE 11G, OTHER FEES:****PROFESSIONAL AND CONSULTING FEES:**

PROGRAM SERVICE EXPENSES 15,884,409.

MANAGEMENT AND GENERAL EXPENSES 1,522,666.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 17,407,075.

**OTHER FEES:**

PROGRAM SERVICE EXPENSES 82,587.

MANAGEMENT AND GENERAL EXPENSES 317,964.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 400,551.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 17,807,626.