

PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2015
Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS Doing business as		D Employer identification number 35-1044487
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2231 CRYSTAL DRIVE 450	E Telephone number 202-371-9090	
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202		G Gross receipts \$ 24,018,887.
	F Name and address of principal officer: MICHAEL FRASER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.ASTHO.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1942
			M State of legal domicile: DC

Part I Summary

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

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JOHN MERICKO, COO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SCOTT DENLINGER				P00740770
	Firm's name ▶ CHERRY BEKAERT LLP	Firm's EIN ▶ 56-0574444			
	Firm's address ▶ 4600 EAST WEST HWY, STE 200 BETHESDA, MD 20814	Phone no. 301-951-3636			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TRANSFORM PUBLIC HEALTH WITHIN STATES AND TERRITORIES THROUGH THE FORMULATION AND IMPLEMENTATION OF POLICY AND EXCELLENCE IN STATE AND TERRITORY-BASED PUBLIC HEALTH PRACTICE TO HELP MEMBERS DRAMATICALLY IMPROVE HEALTH AND WELLNESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,878,135. including grants of \$ 1,971,187.) (Revenue \$) COMMUNITY HEALTH AND DISEASE PREVENTION - SEE SCHEDULE O

4b (Code:) (Expenses \$ 6,272,083. including grants of \$ 1,009,549.) (Revenue \$ 41,852.) HEALTH SECURITY - SEE SCHEDULE O

4c (Code:) (Expenses \$ 5,089,022. including grants of \$ 349,380.) (Revenue \$) HEALTH SYSTEMS TRANSFORMATION - SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,602,266. including grants of \$ 1,282,545.) (Revenue \$ 102,658.)

4e Total program service expenses 24,841,506.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," 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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
 KOUEDIA SISSOKO - 202-371-9090
 2231 CRYSTAL DRIVE, NO. 450, ARLINGTON, VA 22202

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAY BUTLER PRESIDENT	2.50	X		X				0.	0.	0.
(2) EDWARD P. EHLINGER IMMEDIATE PAST PRESIDENT	1.50	X		X				0.	0.	0.
(3) JOHN M. WIESMAN SECRETARY-TREASURER	1.50	X		X				0.	0.	0.
(4) NICOLE ALEXANDER-SCOTT REGION 1 REPRESENTATIVE	1.00	X						0.	0.	0.
(5) HOWARD A. ZUCKER REGION II REPRESENTATIVE	1.00	X						0.	0.	0.
(6) MARISSA LEVINE REGION III REPRESENTATIVE	1.00	X						0.	0.	0.
(7) MARY CURRIER REGION IV REPRESENTATIVE	1.00	X						0.	0.	0.
(8) KAREN MCKEOWN REGION V REPRESENTATIVE	1.00	X						0.	0.	0.
(9) NATHANIEL SMITH REGIONAL VI REPRESENTATIVE	1.00	X						0.	0.	0.
(10) GERD W. CLABAUGH REGION VII REPRESENTATIVE	1.00	X						0.	0.	0.
(11) MYLYNN TOFTE REGION VIII REPRESENTATIVE	1.00	X						0.	0.	0.
(12) JAMES W. GILLAN REGION IX REPRESENTATIVE	1.00	X						0.	0.	0.
(13) ELKE SHAW-TULLOCH REGION X REPRESENTATIVE	1.00	X						0.	0.	0.
(14) MICHAEL FRASIER EXECUTIVE DIRECTOR	37.50	X		X				31,154.	0.	225.
(15) DAVID COTE ASSOCIATE EXEC. DIRECTOR	37.50			X				218,889.	0.	33,751.
(16) PAUL E. JARRIS IMMEDIATE PAST EXEC DIRECTOR	37.50				X			237,384.	0.	32,329.
(17) SHARON MOFFATT CHIEF PROGRAM OFFICER	37.50				X			270,946.	0.	33,216.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES S. BLUMENSTOCK CHIEF PROGRAM OFFICER	37.50				X			226,705.	0.	36,156.
(19) LISA WADDELL CHIEF PROGRAM OFFICER	37.50				X			192,469.	0.	43,691.
(20) MELISSA FERGUSON CHIEF PROGRAM OFFICER	37.50				X			176,106.	0.	13,957.
(21) SHAWN RICK POLK CHIEF PROGRAM OFFICER	37.50				X			151,822.	0.	26,123.
(22) PAULA SOPER CHIEF PROGRAM OFFICER	37.50					X		134,965.	0.	16,078.
(23) DIANE COONTZ SENIOR DIRECTOR	37.50					X		134,590.	0.	32,123.
(24) ELIZABETH WALKER SENIOR DIRECTOR	37.50					X		132,023.	0.	29,867.
(25) KARL ENSIGN CHIEF PROGRAM OFFICER	37.50					X		130,538.	0.	32,105.
(26) SCOTT BRISCOE SENIOR DIRECTOR	37.50					X		129,576.	0.	27,440.
1b Sub-total								2,167,167.	0.	357,061.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,167,167.	0.	357,061.

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 12

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
THE KEYSTONE POLICY CENTER 1628 STS. JOHN ROAD, KEYSTONE, CO 80435	CONSULTING	425,115.
PORTER NOVELLI, INC., 1838 SOLUTIONS CENTER, CHICAGO, IL 60677-1008	COMMUNICATIONS	247,544.
F.S. TAYLOR & ASSOCIATES PC, 1420 N STREET NW, SUITE 100, WASHINGTON, DC 20005	FINANCIAL CONSULTANT	223,250.
AMERICAN TECHNOLOGY SERVICES, PROSPERITY AVENUE 6TH FLOOR, FAIRFAX, VA 22031	SYSTEMS SUPPORT	193,515.
CORNERSTONE GOVERNMENT AFFAIRS, 300 INDEPENDENCE AVENUE SE, WASHINGTON, DC	LOBBYING CONSULTANT	180,000.

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 7

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,469,697.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	20,388,181.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,993,338.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		23,851,216.				
Program Service Revenue	2 a MEETING REGISTRATIONS	Business Code 900099	144,510.	144,510.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		144,510.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,070.			4,070.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	19,091.			19,091.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		19,091.				
12 Total revenue. See instructions.		24,018,887.	144,510.	0.	23,161.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,590,662.	4,590,662.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	22,000.	22,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,097,120.	6,666,776.	2,398,980.	31,364.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,654,501.	1,990,711.	654,425.	9,365.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	41,590.		41,590.	
c Accounting	36,643.		36,643.	
d Lobbying	180,112.	180,112.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,142,365.	2,432,279.	710,086.	
12 Advertising and promotion				
13 Office expenses	538,780.	231,785.	288,335.	18,660.
14 Information technology	789,377.	619,295.	170,082.	
15 Royalties				
16 Occupancy	980,927.	54,705.	926,222.	
17 Travel	1,614,568.	1,464,425.	150,040.	103.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	602,192.	458,423.	137,540.	6,229.
20 Interest	26,769.		26,769.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	224,918.		224,918.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER	231,293.	90,124.	141,049.	120.
b DUES AND SUBSCRIPTIONS	144,844.	117,959.	25,071.	1,814.
c ALLOCATION OF G&A	0.	5,922,250.	-5,922,250.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	24,918,661.	24,841,506.	9,500.	67,655.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	300.	1	300.
	2 Savings and temporary cash investments	3,042,513.	2	2,225,638.
	3 Pledges and grants receivable, net	3,547,197.	3	6,259,084.
	4 Accounts receivable, net	415,555.	4	317,912.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	174,092.	9	340,941.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,463,940.		
	b Less: accumulated depreciation	10b 1,816,521.	842,402.	10c 647,419.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	181,052.	15	150,970.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,203,111.	16	9,942,264.	
Liabilities	17 Accounts payable and accrued expenses	3,229,141.	17	3,580,573.
	18 Grants payable		18	
	19 Deferred revenue	1,739,820.	19	3,858,496.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	590,149.	23	497,147.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	506,657.	25	768,478.
	26 Total liabilities. Add lines 17 through 25	6,065,767.	26	8,704,694.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,137,344.	27	1,237,570.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,137,344.	33	1,237,570.	
34 Total liabilities and net assets/fund balances	8,203,111.	34	9,942,264.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,018,887.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,918,661.
3	Revenue less expenses. Subtract line 2 from line 1	3	-899,774.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,137,344.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,237,570.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	17,920,617.	18,246,422.	23,272,385.	24,099,812.	23,851,216.	107,390,452.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,716.	5,366.	5,411.	5,323.	4,070.	25,886.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,696.	22,787.	9,012.	58,195.	19,091.	127,781.
11 Total support. Add lines 7 through 10						107,544,119.
12 Gross receipts from related activities, etc. (see instructions)					12	691,285.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	94.74 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	93.39 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 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>		
c Did a disqualified person (as defined in 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>		
10a 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 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 foundation

Check 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 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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		\$ 20,270,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,091,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 529,496.	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.)

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

(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

(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

(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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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
--	--

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	23,488.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	187,923.													
c	Total lobbying expenditures (add lines 1a and 1b)	211,411.													
d	Other exempt purpose expenditures	24,707,250.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	24,918,661.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	265,783.	244,975.	254,308.	211,411.	976,477.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	26,578.	24,497.	28,254.	23,488.	102,817.

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

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

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

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

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

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

Part IV Supplemental Information

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

PART II-B, SECTION 501(H) AVERAGING STATEMENT:

ASTHO'S GOVERNMENT RELATIONS (GR) TEAM ADVOCATES ON BEHALF OF STATE AND

TERRITORIAL HEALTH OFFICIALS BEFORE THE U.S. CONGRESS AND THE

ADMINISTRATION. THE GR TEAM ACTIVELY ENGAGES THE CONGRESS ON MATTERS

OF SPENDING AND AUTHORIZING LEGISLATION. A MAIN FUNCTION OF THE GR

TEAM IS TO INFLUENCE THE APPROPRIATIONS PROCESS BY ADVOCATING FOR THE

Part IV Supplemental Information *(continued)*

HIGHEST AMOUNT POSSIBLE FOR PUBLIC HEALTH PROGRAMS FOR STATES. THE GR

TEAM ALSO SUPPORTS ASTHO'S AFFILIATES THROUGH SIGN ON LETTERS AND/OR

ACTIVELY SUPPORTING THEM IN MEETINGS ON CAPITOL HILL OR WITH THE

ADMINISTRATION. THE TEAM ALSO HELPS PREPARE STATE HEALTH OFFICIALS FOR

CONGRESSIONAL VISITS AND BRIEFINGS, WHICH ALSO INFLUENCES ASTHO'S

LOBBYING EFFORTS.

Multiple horizontal lines for supplemental information.

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.

OMB No. 1545-0047

2015 Open to Public Inspection

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

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

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and modified easements, and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and amounts for revenue and assets.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		480,486.	418,585.	61,901.
d Equipment		1,064,721.	781,209.	283,512.
e Other		918,733.	616,727.	302,006.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				647,419.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	47,500.
(3) DEFERRED RENT LIABILITY	720,978.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	768,478.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	24,018,887.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	24,018,887.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,018,887.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	24,918,661.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	24,918,661.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,918,661.

Part XIII Supplemental Information.

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

PART X, LINE 2:

ASTHO IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. ASTHO IS NOT A PRIVATE FOUNDATION.

FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, ASTHO HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE

**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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

Employer identification number
35-1044487

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	GRANT MAKING	22,000.
3 a Sub-total	0	0			22,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			22,000.

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

Schedule F (Form 990) 2015

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT	22,000.		0.		

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

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

PROGRAM STAFF IDENTIFY SUB-RECIPIENTS THROUGH AN RFP PROCESS. PAYMENT OF

FUNDS IS TIED TO PERFORMANCE BY INVOKING SPECIFIC MILESTONES WHICH

TRIGGER THE DISBURSEMENT OF FUNDS. ALL INVOICES ARE REVIEWED AND

APPROVED BY A GRANTS MANAGER PRIOR TO PAYMENT TO INSURE COMPLIANCE WITH

TERMS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Part I General Information on 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA DEPARTMENT OF PUBLIC HEALTH - P.O. BOX 303017 - MONTGOMERY, AL 36130-3017	63-0937081	115	13,454.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES - 3601 C STREET, SUITE 322 - ANCHORAGE, AK 99503-5923	92-6001185	501(C)(3)	12,022.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION & SUPPORT
ALASKA DIVISION OF PUBLIC ASSISTANCE - P.O. BOX 110612 - JUNEAU, AK 99801	92-6001185	501(C)(3)	11,456.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
AMERICAN COLLEGE OBSTETRICIANS GYNECOLOGISTS - 409 12TH STREET SW - WASHINGTON, DC 20024	36-2217981	501(C)(3)	210,921.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR
AMERICAN COLLEGE OF NURSE-MIDWIVES 8403 COLESVILLE ROAD, SUITE 1550 SILVER SPRING, MD 20910	74-1685515	501(C)(3)	78,000.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR
ARIZONA DEPARTMENT OF HEALTH SERVICES - 1740 W. ADAMS, SUITE 302 - PHOENIX, AZ 85007	86-6004791	115	55,035.	0.			ENVIRONMENTAL PUBLIC HEALTH TRACKING: PEER-TO-PERR FELLOWSHIP PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **64.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS DEPT. OF HEALTH 4815 WEST MARKHAM ST., SLOT 57 LITTLE ROCK, AR 72205	71-6007358	115	202,899.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ASSN OF PUBLIC HEALTH LABORATORIES 8515 GEORGIA AVE., SUITE 700 SILVER SPRINGS, MD 20912	52-1800436	501(C)(3)	248,873.	0.			PUBLIC HEALTH PLATFORM
ASSOC. OF PUBLIC HEALTH NURSES 110 A NORTHWOODS BLVD COLUMBUS, OH 43235	45-5628490	501(C)(3)	9,250.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ASSOCIATION OF AMERICAN INDIAN PHYSICIANS - 1225 SOVEREIGN ROW, SUITE 103 - OKLAHOMA CITY, OK 73108	23-7296826	501(C)(3)	72,412.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR
BREASTFEEDING HAWAII P.O. BOX 30142 HONOLULU, HI 96820	61-1636900	501(C)(3)	16,431.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
CITY OF MILWAUKEE HEALTH DEPARTMENT - 841 N. BROADWAY, 3RD FLOOR - MILWAUKEE, WI 53202	39-6005532	115	41,617.	0.			FLU ON CALL DEMONSTRATION
COALITION OF OKLAHOMA BREASTFEEDING ADVOCATES - 4 NE 10TH ST. PMB 188 - OKLAHOMA CITY, OK 73104	46-2664843	501(C)(3)	29,203.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - 4300 CHERRY CREEK DRIVE SOUTH, BLDG A 5TH FLOOR - DENVER, CO 80246	84-0644739	115	148,508.	0.			BUILDING STATE HEALTH AGENCY CAPACITY DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC
COMMONWEALTH HEALTHCARE CORP 1 LOWER NAVY HILL ROAD SAIPAN, MP 96950	66-0774364	115	51,000.	0.			CLIMATE-READY TERRITORIES (CLIMATE AND HEALTH CAPACITY BUILDING FOR TERRITORIAL HEALTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONWEALTH OF PENNSYLVANIA P.O. BOX 1467 HARRISBURG, PA 17105	23-6003104	115	6,898.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC
CONNECTICUT DEPT OF PUBLIC HEALTH P.O. BOX 340308 HARTFORD, CT 06134-0308	06-6000798	115	27,532.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOPE AND UTILIZE VIRAL HEPATITIS
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	216,991.	0.			PANDEMIC INFLUENZA COMMUNICATION PARTNERSHIP
FOUNDATION FOR HEALTHY COMMUNITIES 125 AIRPORT ROAD CONCORD, NH 03301	02-0275078	501(C)(3)	14,357.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
GEORGIA DEPT OF PUBLIC HEALTH 2 PEACHTREE ST., NW, 15TH FLOOR ATLANTA, GA 30303-3142	90-0676388	115	96,598.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ICF-MACRO, INC. P.O. BOX 536259 PITTSBURGH, PA 15253-5904	52-0955232	501(C)(3)	102,384.	0.			DEVELOPMENT OF A MEASUREMENT FRAMEWORK TO DEMONSTRATE THE IMPACT OF THE PHHS BLOCK GRANT
ILLINOIS DEPARTMENT OF PUBLIC HEALTH - 525 WEST JEFFERSON STREET, 1ST FLOOR - SPRINGFIELD, IL 62761	01-0632628	115	9,311.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
INDIANA STATE DEPT OF HEALTH 2 N. MERIDIAN STREET INDIANAPOLIS, IN 46204	35-6000158	115	128,914.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC
INT'L SOCIETY FOR DISEASE SURVEILLANCE - 136 HARRISON AVENUE - BOSTON, MA 02111	20-3805298	501(C)(3)	74,781.	0.			BIOSENSE 2.0

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA DEPARTMENT OF PUBLIC HEALTH 321 E. 12TH STREET DES MOINES, IA 50319	42-6004523	115	35,420.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC
KANSAS DEPT. OF HEALTH & ENVIRONMENT - 1000 SW JACKSON, SUITE 450 - TOPEKA, KS 66612	48-6029925	115	39,232.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS - P.O. BOX 91030, BIENVILLE BLDG #776 - BATON ROUGE, LA 70821-9030	72-6000821	115	15,885.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH - 250 WASHINGTON STREET - BOSTON, MA 02108-4720	04-6002284	115	34,990.	0.			BUILDING CAPACITY IN MATERNAL AND CHILD HEALTH PROGRAMS AND POLICIES
MEDICAL SOCIETY OF DELAWARE 900 PRIDES CROSSING NEWARK, DE 19713	51-0061011	501(C)(3)	27,681.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH - P.O. BOX 30437 - LANSING, MI 48909	38-6000134	115	22,307.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
MICHIGAN DEPT OF HEALTH AND HUMAN SERVICES - P.O. BOX 30437 - LANSING, MI 48909	38-6000134	115	70,988.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
MISSISSIPPI STATE DEPARTMENT OF HEALTH - 570 EAST WOODROW WILSON - JACKSON, MI 39215-1700	64-6000775	115	20,000.	0.			IMPROVING STD PREVENTION THROUGH MULTI-LEVEL PARTNERSHIP WITHIN STATE HEALTH DEPARTMENTS
NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS - 2200 CENTURY PARKWAY, SUITE 250 - ATLANTA, GA 30345	73-1328414	501(C)(3)	15,732.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS - 1100 17TH STREET, NW, 7TH FLOOR - WASHINGTON, DC 20036	52-1426663	501(C)(3)	15,657.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL CONFERENCE OF STATE LEGISLATURES - 7700 E. FIRST PLACE - DENVER, CO 80230	84-0772595	501(C)(3)	72,980.	0.			DEVELOPMENT AND EXECUTION OF STATE WINNABLE BATTLE PLANS
NATIONAL FORUM FOR HEART DISEASE & STROKE PREVENTION - 1150 CONNECTICUT AVE., NW, SUITE 300 - WASHINGTON, DC 20036	27-2257461	501(C)(3)	20,000.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL HISPANIC MEDICAL ASSOC 1920 L STREET NW, SUITE 725 WASHINGTON, DC 20036	52-1884446	501(C)(3)	64,998.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR
NEW MEXICO BREASTFEEDING TASK FORCE - 1618 HARVARD DRIVE NE - ALBUQUERQUE, NM 87106	85-0404814	501(C)(3)	15,000.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
NICHQ-TX FISCAL AGENT CONTRAC	01-0647374	501(C)(3)	8,936.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
NORTH DAKOTA DEPT OF HEALTH 600 E BOULEVARD AVE, DEPT 301 BISMARCK, ND 58505	45-0309764	115	193,379.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
PA DEPARTMENT OF HEALTH 130A KLINE PLAZA HARRISBURG, PA 17104	23-6003104	115	14,545.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC
PACIFIC ISLAND HEALTH OFFICERS ASSN - 737 BISHOP STREET, SUITE 2075, MAUKA TOWER - HONOLULU, HI 96813	20-0298040	501(C)(3)	773,425.	0.			ASTHO PRIORITIES TERRITORIES AND HEALTH INFORMATION SYSTEMS STRENGTHENING IN THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT & FELLOWS OF HARVARD COLLEGE - PO BOX 415649 - BOSTON, MA 02241-5649	04-2103580	501(C)(3)	89,307.	0.			STATE HEALTH LEADERSHIP INITIATIVE
PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	87,072.	0.			NATIONAL LEADERSHIP ACADEMY FOR PUBLIC HEALTH (NLAPH)
RESEARCH AND EDUCATIONAL FOUNDATION - 155 E BROAD STREET, SUITE 301 - COLUMBUS, OH 43215	31-4270340	501(C)(3)	14,965.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
RHODE ISLAND PUBLIC HEALTH INSTITUTE - 121 S. MAIN STREET, BOX G-S121-8 - PROVIDENCE, RI 02903	05-0474726	115	60,000.	0.			ENVIRONMENTAL PUBLIC HEALTH TRACKING FELLOWSHIP PROGRAM
SAFE STATES ALLIANCE 2200 CENTURY PARKWAY, SUITE 700 ATLANTA, GA 30345	73-1455152	501(C)(3)	127,395.	0.			PRESCRIPTION DRUG OVERDOSE AND ABUSE
SOUTH DAKOTA DEPARTMENT OF HEALTH P.O. BOX 24 FAULKTON, SD 57438	46-6000364	115	15,000.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
SOUTHEASTERN LA AHEC 1302 J W. DAVIS DR. HAMMOND, LA 70403	72-1155014	501(C)(3)	28,450.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
STATE OF CONNECTICUT P.O. BOX 340308, 410 CAPITAL AVE HARTFORD, CT 06134-0308	06-6000798	115	131,892.	0.			BUILDING CAPACITY IN MATERNAL AND CHILD HEALTH PROGRAMS AND POLICIES
STATE OF TENNESSEE 710 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243	62-6001445	115	19,910.	0.			ENVIRONMENTAL PUBLIC HEALTH TRACKING: PEER-TO-PEER FELLOWSHIP PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE OF WISCONSIN DES/BFS/RM 750 MADISON, WI 53707-7853	39-6006469	115	54,150.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - 1100 WEST 49TH STREET - AUSTIN, TX 78756	32-0113843	115	97,980.	0.			MILLION HEARTS- STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 1000 VICTORS WAY, SUITE 1A - ANN ARBOR, MI 48108-2744	38-6006309	501(C)(3)	170,920.	0.			MEASURING PUBLIC HEALTH WORKFORCE GAPS IN STATE AND LOCAL HEALTH DEPARTMENTS
THREE RIVERS PUBLIC HEALTH DEPARTMENT - 2400 N. LINCOLN AVENUE - FREMONT, NE 68025	11-3667934	115	32,275.	0.			FLU ON CALL DEMONSTRATION
UNIVERSITY OF PITTSBURGH P. O BOX 371220 PITTSBURGH, PA 15251-7220	25-0965591	115	6,477.	0.			DEVELOPING REAL TIME STRATEGIES FOR IMPLEMENTING PUBLIC HEALTH LAW INTERVENTIONS
VERMONT DEPARTMENT OF HEALTH 108 CHERRY STREET, BUSINESS OFFICE BURLINGTON, VT 05401	03-6000264	115	15,000.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
VERMONT PUBLIC HEALTH ASSOCIATION P.O. BOX 732 BURLINGTON, VT 05408-0732	02-0608866	115	17,831.	0.			BUILDING CAPACITY FOR HEALTH IMPACT ASSESSMENT AT STATE AND TERRITORIAL HEALTH AGENCIES
VIRGINIA DEPARTMENT OF HEALTH 109 GOVERNOR ST, 7TH FLOOR RICHMOND, VA 23219	54-6001775	115	99,502.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
WASHINGTON STATE DEPARTMENT OF HEALTH - 310 ISREAL ROAD SE - TUMWATER, WA 98501	91-1444603	115	22,524.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOPE AND UTILIZE VIRAL HEPATITIS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA DEPARTMENT OF HEALTH 350 CAPITOL STREET, ROOM 2016 CHARLESTON, WV 25301	55-6000810	115	26,749.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
WISCONSIN DEPARTMENT OF HEALTH SERVICES - 1 WEST WILSON STREET, ROOM 550 - MADISON, WI 53703	39-6006469	115	79,261.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOPE AND UTILIZE VIRAL HEPATITIS
WOLTERS KLUWER HEALTH, INC. 16705 COLLECTION CENTER DRIVE CHICAGO, IL 60693	13-2932696	501(C)(3)	23,250.	0.			TO ESTABLISH A PARTNERSHIP TO DEVELOP A SEMINAL SUPPLEMENT ON HEALTH EQUITY WITH THE
WYOMING DEPARTMENT OF HEALTH 6101 YELLOWSTONE RD, SUITE 420 CHEYENNE, WY 82002	83-0208667	115	14,775.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

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 non-cash assistance

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

PART I, LINE 2:

PROGRAM STAFF IDENTIFY APPROPRIATE SUB-RECIPIENTS THROUGH AN RFP PROCESS.

PAYMENT OF FUNDS IS TIED TO PERFORMANCE BY INVOKING SPECIFIC MILESTONES

WHICH TRIGGER THE DISBURSEMENT OF FUNDS. ALL INVOICES ARE REVIEWED AND

APPROVED BY A GRANTS MANAGER PRIOR TO PAYMENT TO INSURE COMPLIANCE WITH

TERMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

AMERICAN COLLEGE OBSTETRICIANS GYNECOLOGISTS

(H) PURPOSE OF GRANT OR ASSISTANCE: VULNERABLE POPULATIONS PLANNING:

MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST

VULNERABLE POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN COLLEGE OF NURSE-MIDWIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: VULNERABLE POPULATIONS PLANNING:

MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST

VULNERABLE POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

ASSOCIATION OF AMERICAN INDIAN PHYSICIANS

(H) PURPOSE OF GRANT OR ASSISTANCE: VULNERABLE POPULATIONS PLANNING:

MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST

VULNERABLE POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH AGENCY

CAPACITY DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

NAME OF ORGANIZATION OR GOVERNMENT: COMMONWEALTH HEALTHCARE CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: CLIMATE-READY TERRITORIES (CLIMATE

AND HEALTH CAPACITY BUILDING FOR TERRITORIAL HEALTH AGENCIES)

NAME OF ORGANIZATION OR GOVERNMENT: COMMONWEALTH OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH DEPARTMENT

CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT DEPT OF PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH DEPARTMENT

CAPACITY TO DEVELOPE AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS DEPARTMENT OF PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH AGENCY

CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA STATE DEPT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH DEPARTMENT

CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

NAME OF ORGANIZATION OR GOVERNMENT: IOWA DEPARTMENT OF PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH DEPARTMENT

CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH DEPARTMENT

CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL HISPANIC MEDICAL ASSOC

(H) PURPOSE OF GRANT OR ASSISTANCE: VULNERABLE POPULATIONS PLANNING:

MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST

VULNERABLE POPULATIONS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NORTH DAKOTA DEPT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH AGENCY

CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: PA DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH DEPARTMENT

CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC ISLAND HEALTH OFFICERS ASSN

(H) PURPOSE OF GRANT OR ASSISTANCE: ASTHO PRIORITIES TERRITORIES AND

HEALTH INFORMATION SYSTEMS STRENGTHENING IN THE USAPI

NAME OF ORGANIZATION OR GOVERNMENT: STATE OF WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH DEPARTMENT

CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

NAME OF ORGANIZATION OR GOVERNMENT: VERMONT DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH AGENCY

CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON STATE DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH DEPARTMENT

CAPACITY TO DEVELOPE AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

NAME OF ORGANIZATION OR GOVERNMENT:

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH DEPARTMENT

CAPACITY TO DEVELOPE AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES

NAME OF ORGANIZATION OR GOVERNMENT: WOLTERS KLUWER HEALTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A PARTNERSHIP TO

DEVELOP A SEMINAL SUPPLEMENT ON HEALTH EQUITY WITH THE JOURNAL OF PUBLIC

HEALTH MANAGEMENT AND PRACTICE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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 (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <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" to 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID COTE ASSOCIATE EXEC. DIRECTOR	(i)	218,889.	0.	0.	24,765.	8,986.	252,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL E. JARRIS IMMEDIATE PAST EXEC DIRECTOR	(i)	237,384.	0.	0.	16,299.	16,030.	269,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHARON MOFFATT CHIEF PROGRAM OFFICER	(i)	270,946.	0.	0.	30,885.	2,331.	304,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES S. BLUMENSTOCK CHIEF PROGRAM OFFICER	(i)	226,705.	0.	0.	25,810.	10,346.	262,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA WADDELL CHIEF PROGRAM OFFICER	(i)	192,469.	0.	0.	21,787.	21,904.	236,160.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MELISSA FERGUSON CHIEF PROGRAM OFFICER	(i)	176,106.	0.	0.	13,057.	900.	190,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHAWN RICK POLK CHIEF PROGRAM OFFICER	(i)	151,822.	0.	0.	17,177.	8,946.	177,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PAULA SOPER CHIEF PROGRAM OFFICER	(i)	134,965.	0.	0.	13,194.	2,884.	151,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DIANE COONTZ SENIOR DIRECTOR	(i)	134,590.	0.	0.	15,227.	16,896.	166,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ELIZABETH WALKER SENIOR DIRECTOR	(i)	132,023.	0.	0.	14,937.	14,930.	161,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KARL ENSIGN CHIEF PROGRAM OFFICER	(i)	130,538.	0.	0.	14,660.	17,445.	162,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SCOTT BRISCOE SENIOR DIRECTOR	(i)	129,576.	0.	0.	14,660.	12,780.	157,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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

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

TRANSFORM PUBLIC HEALTH WITHIN STATES AND TERRITORIES THROUGH THE
FORMULATION AND IMPLEMENTATION OF POLICY AND EXCELLENCE IN STATE AND
TERRITORY-BASED PUBLIC HEALTH PRACTICE TO HELP MEMBERS DRAMATICALLY
IMPROVE HEALTH AND WELLNESS.

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

COMMUNITY HEALTH AND DISEASE PREVENTION:

ASTHO'S PREVENTION PROGRAM SUPPORTS STATE AND TERRITORIAL PUBLIC HEALTH
AGENCIES TO BUILD THEIR CAPACITY TO ADDRESS AMERICA'S MAJOR HEALTH
PROBLEMS AND THE LEADING CAUSES OF DEATH AND DISABILITY. THE FIVE
PRIMARY SECTIONS ARE FAMILY AND CHILD HEALTH, MATERNAL AND INFANT
HEALTH IMPROVEMENT, CHRONIC DISEASE PREVENTION, HEALTH IMPROVEMENT, AND
INJURY PREVENTION. HIGHLIGHTS OF THIS YEAR'S WORK INCLUDED THE
EXPANSION OF INCREASING ACCESS TO CONTRACEPTION LEARNING COMMUNITY TO
INCLUDE 27 STATES AND TERRITORY AS WELL AS THE NINE FOCUS AREAS
IDENTIFIED TO IMPLEMENT AND EVALUATE STATE EFFORTS VIA THE CONSTRUCTS
OF IMPLEMENTATION SCIENCE. ASTHO ALSO SUPPORTED STATES IN THEIR
EFFORTS TO IMPROVE HEALTH OUTCOMES AND PREVENT OPIOID MISUSE, ABUSE AND
DIVERSION VIA THE IMPLEMENTATION OF ACTIVITIES THAT PROMOTE
COORDINATION AND INTEGRATION ACROSS MULTIPLE AGENCIES AND SERVICE
SYSTEMS, ENHANCED THE CAPACITY OF STATE HEALTH AGENCY TOBACCO
PREVENTION PROGRAMS TO IMPROVE TOBACCO-RELATED POLICIES AND PRACTICE,
FOSTER ENVIRONMENTAL, CULTURAL AND SYSTEMS CHANGE, AND SERVE AS A
RESOURCE TO STATE HEALTH AGENCIES ON TOBACCO-RELATED INITIATIVES,

SUPPORTED PUBLIC HEALTH AGENCIES IN PREVENTING HEART ATTACKS AND

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

STROKES THROUGH THE IDENTIFICATION OF BEST AND PROMISING PUBLIC HEALTH

INTERVENTIONS FOR PREVENTION AND EARLY IDENTIFICATION OF HEART DISEASE

AND LINKING WITH CRITICAL CARE.

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

HEALTH SECURITY:

THE HEALTH SECURITY TEAM FOCUSES ON HEALTH EMERGENCIES SUCH AS NATURAL

DISASTERS, PANDEMICS, DELIBERATE ATTACKS, ENVIRONMENTAL CATASTROPHES,

AND OTHER HEALTH THREATS AND IS COMPRISED OF THREE SEPARATE BUT

INTEGRATED TEAMS. PREPAREDNESS, INFECTIOUS DISEASES AND IMMUNIZATON

SERVICES, ENVIRONMENTAL HEALTH. MAJOR ACTIVITIES AND ACCOMPLISHMENTS

IN 2016 INCLUDED SUPPORTING THE NATION'S PREPAREDNESS AND RESPONSE

EFFORTS TO ZIKA VIRUS DISEASE AND OTHER VECTOR BORNE THREATS,

ENHANCING STATE AND TERRITORIAL PUBLIC HEALH AND HEALTHCARE

PREPAREDNESS AND RESPONSE CAPACITY AND CAPABILITIES THROUGH THE

PROVISION OF ALL-HAZARDS TECHNICAL ASSISTANCE, SERVING AS SECRETARIAT

TO THE NATIONAL ALLIANCE FOR RADIATION READINESS, MAINTAINING STRONG

AND EFFECTIVE RELATIONSHIPS WITH KEY FEDERAL AGENCIES SUCH AS THE CDC

AND THE DEPARTMENT OF HOMELAND SECURITY (OFFICE OF HEALTH AFFAIRS) AND

PRACTICE PARTNERS SUCH AS THE NATIONAL EMERGENCY MANAGEMENT ASSOCIATION

AND NATIONAL GOVERNORS' ASSOCIATION'S HOMELAND SECURITY ADVISORS,

DEVELOPING AND PROVIDING USEFUL RESOURCES ON EXTREME WEATHER AND

CLIMATE READINESS AND WILDFIRE SMOKE, BUILT AND SUSTAINED PARTNERSHIPS

AND PRODUCED PLANNING AND EDUCATIONAL RESOURCES ON MITIGATING THE

IMPACT OF SEASONAL AND PANDEMIC INFLUENZA ON VULNERABLE POPULATIONS,

AND PROVIDED A PORTFOLIO OF SERVICES TARGETED AND HEALTHCARE ASSOCIATED

INFECTIONS AND ANTIMICROBIAL RESISTANCE INCLUDING PREVENTION STRATEGIES

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

AND COMMUNICATIONS TOOLKITS AND CO-ADMINISTERING THE COUNCIL FOR

OUTBREAK RESPONSE: HEALTHCARE ASSOCIATED INFECTIONS AND ANTIMICROBIAL

RESISTANT PATHOGENS (CORHA).

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

HEALTH SYSTEMS TRANSFORMATION:

THE HEALTH SYSTEMS TRANSFORMATION PROGRAM AREA FOCUSES ON BUILDING

STATE, TERRITORIAL, AND INSULAR AREA LEADERSHIP, CAPACITY BUILDING, AND

ADVOCACY TO ADVANCE PUBLIC HEALTH POLICY, PROCESSES, AND INFRASTRUCTURE

IMPROVMENTS THAT SUPPORT STATE HEALTH SYSTEM REFORM AND TRANSFORMATION

EFFORTS. USING THE TRIPLE AIM AS A GUIDE, THE FOUR PRIMARY PROGRAM

SECTIONS ARE INTEGRATION, STATE HEALTH POLICY, HEALTH INFORMATICS, AND

HEALTH EQUITY. HIGHLIGHTS OF THIS YEAR'S WORK INCLUDED DEVELOPING

ADVANCES IN STATE PUBLIC HEALTH POLICY WITH CROSS-CUTTING STRATEGIES TO

BRING GREATER INTEGRATION WITH HEALTH CARE SYSTEM; TRACKING AND

MONITORING TIMELY AND CURRENT STATE HEALTH POLICY OF INTEREST AND

IMPORTANCE TO STATE HEALTH OFFICIALS AND THEIR EXECUTIVE TEAMS;

CREATING TOOLS AND RESOURCES FOR STATES TO ADVANCE HEALTH EQUITY AND

POPULATION HEALTH IMPROVEMENT; ADVANCING STATE INFORMATICS CAPACITY AND

TECHNICAL INFRASTRUCTURE FOR CUTTING-EDGE SURVEILLANCE; HEALTH DATA

ANALYSIS AND IMPROVED BIDIRECTIONAL DATA EXCHANGES WITH HEALTH CARE AND

OTHER STAKEHOLDERS.

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

CROSS-CUTTING PROGRAMS - SEE SCHEDULE O

CROSS-CUTTING PROGRAMS:

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

THIS WORK WILL ADDRESS THE HIGHEST PRIORITIES OF THE SELECTED TARGET

POPULATION - STATE HEALTH OFFICIALS (SHO) AND OTHER STATE HEALTH AGENCY

(SHA) LEADERS, WITH A PARTICULAR EMPHASIS ON SENIOR DEPUTIES AND STATE

LEGISLATIVE LIAISONS. THROUGH PROPOSED WORK WITH THE ASTHO AFFILIATE

COUNCIL, CBA - PARTICULARLY IN WORKFORCE DEVELOPMENT, HEALTH EQUITY,

AND INTEGRATING PUBLIC HEALTH AND CLINICAL MEDICINE - WILL BENEFIT

PUBLIC HEALTH NURSES, EPIDEMIOLOGISTS, LABORATORIANS, PUBLIC

INFORMATION OFFICERS, SOCIAL WORKERS, HEALTH EDUCATORS, HEALTH FACILITY

SURVEYORS, AND DIRECTORS OF MATERNAL AND CHILD HEALTH, CHRONIC DISEASE,

INJURY PREVENTION, MINORITY HEALTH, VITAL STATISTICS, HIV/AIDS, STD,

DENTAL, NUTRITION, VECTOR CONTROL, AND EMERGENCY MEDICAL SERVICES

PROGRAMS.

IN THE US TERRITORIES AND FREELY ASSOCIATED STATES, NUMEROUS CHALLENGES

EXIST IN HEALTHCARE SERVICES DELIVERY. HEALTH AGENCY STAFF ARE FEW IN

NUMBER, AND CURRENT STAFF ARE OFTEN UNDER-TRAINED IN THE AREAS OF

PROGRAM ADMINISTRATION, FINANCIAL MANAGEMENT, AND SYSTEMS-THINKING.

UNLOCKING THE POTENTIAL OF PUBLIC HEALTH PREVENTION, CONTROL AND

PROGRAM MANAGEMENT THROUGH PLANNING AND CAPACITY-BUILDING ASSISTANCE

HAS A STRONG LIKELIHOOD OF IMPROVING THE EFFICIENCY AND EFFECTIVENESS

OF HEALTH AGENCIES, RESULTING IN IMPROVED HEALTH STATUS FOR THE

POPULATIONS THAT THOSE HEALTH AGENCIES SERVE.

THIS PROJECT WILL BUILD STATE, TERRITORIAL, AND LOCAL PUBLIC HEALTH

AGENCY CAPACITY TO COMMUNICATE PUBLIC HEALTH ASPECTS OF EMERGENCIES AND

DISASTERS TO THE PUBLIC AND ACROSS THE PUBLIC HEALTH ENTERPRISE. THIS

PROJECT WOULD LAY THE GROUNDWORK TO ENSURE CDC'S NATIONAL COMMUNICATION

WORK AND PLATFORMS ARE LINKED TO STATE, LOCAL AND TERRITORIAL

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

COMMUNICATION WORK AND PLATFORMS. THE EFFORT WOULD ALLOW CDC TO
CROSS-PROMOTE STATE AND TERRITORIAL WORK ALONGSIDE CDC'S WORK WITH THE
GOAL OF RAISING THE PROFILE OF AND THE UNDERSTANDING OF THE IMPORTANCE
OF EMERGENCY PREPAREDNESS AND RESPONSE WORK ACROSS THE NATION.
EXPENSES \$ 1,822,353. INCLUDING GRANTS OF \$ 469,277. REVENUE \$ 0.

MEMBER ENGAGEMENT

EXPENSES \$ 890,436. INCLUDING GRANTS OF \$ 89,307. REVENUE \$ 0.

SCIENCE & STRATEGY

EXPENSES \$ 1,976,433. INCLUDING GRANTS OF \$ 723,961. REVENUE \$ 0.

MEMBER SERVICES

EXPENSES \$ 1,312,473. INCLUDING GRANTS OF \$ 0. REVENUE \$ 102,658.

PUBLIC POLICY

EXPENSES \$ 600,571. INCLUDING GRANTS OF \$ 0. 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 MEMBERS SHALL SERVE
AS THE POLICY MAKING BODY OF THE ASSOCIATION, AND SHALL CONSIST OF ALL

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

ELIGIBLE VOTING MEMBERS OF THE ASSOCIATION, AS PROVIDED BY THE BYLAWS.

ELIGIBLE VOTING MEMBERS OF THE ASSOCIATION SHALL BE THE CURRENTLY SERVING

CHIEF HEALTH OFFICIAL OF THE PUBLIC HEALTH AGENCY OF EACH STATE, TERRITORY,

POSSESSION OR FREELY ASSOCIATED STATE OF THE THE UNITED STATES, AS

SPECIFIED BY LAW, OR AS DESIGNATED BY THE CHIEF EXECUTIVE OF EACH STATE,

TERRITORY, POSSESSION, OR FREELY ASSOCIATED STATE OF THE UNITED STATES.

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

ASSOCIATION POLICY STATEMENTS AND REVIEWS THE ASSOCIATION'S PRIORITIES AND

STRATEGIC PLAN.

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

THE BOARD, AUDIT COMMITTEE, AND FINANCE COMMITTEE ARE PROVIDED A COPY OF

THE IRS FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING THE FORM WITH THE

IRS.

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 RESOLUTION OF CONFLICTS OF INTEREST FOR

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

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/SURVEYS AS WELL AS APPROVAL BY THE BOARD. ASTHO'S INTERNAL

COMPENSATION PLAN, WHICH IS BASED ON PUBLISHED SALARY SURVEYS, WAS USED TO

DETERMINE SALARIES FOR TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY

EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND

CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

PROFESSIONAL AND CONSULTING FEES:

PROGRAM SERVICE EXPENSES	2,316,208.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	559,440.
---------------------------------	----------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	2,875,648.
----------------	------------

FEES FOR SERVICES:

PROGRAM SERVICE EXPENSES	116,071.
--------------------------	----------

MANAGEMENT AND GENERAL EXPENSES	150,646.
---------------------------------	----------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	266,717.
----------------	----------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,142,365.
--	------------

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

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR
INDEPENDENT ACCOUNTANT SELECTION PROCESS.