

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, 2021

Form header section containing organization name (ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS), EIN (35-1044487), address (2231 CRYSTAL DRIVE, ARLINGTON, VA 22202), and principal officer (MICHAEL FRASER).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block section with fields for officer signature (ZARNAAZ BASHIR, DEPUTY CEO), preparer name (RAYMOND BARBAGALLO), and firm information (CHERRY BEKAERT LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 13,743,858. including grants of \$ 2,177,148. ) (Revenue \$ 8,755. ) COMMUNITY HEALTH AND DISEASE PREVENTION (INCLUDING SOCIAL & BEHAVIORAL HEALTH): THE COMMUNITY HEALTH AND DISEASE PREVENTION AREA PROVIDES LEADERSHIP SUPPORT AND CAPACITY BUILDING TO STATE AND TERRITORIAL HEALTH OFFICIALS. SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4b (Code: ) (Expenses \$ 13,113,186. including grants of \$ 2,933,451. ) (Revenue \$ ) HEALTH SECURITY: THIS PROGRAM TEAM FOCUSES ON HEALTH EMERGENCIES SUCH AS NATURAL DISASTERS, PANDEMICS, DELIBERATE ATTACKS, ENVIRONMENTAL CATASTROPHES AND OTHER HEALTH THREATS. SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4c (Code: ) (Expenses \$ 2,416,592. including grants of \$ 961,704. ) (Revenue \$ ) CARIBBEAN OPERATIONS IN TERRITORIAL SUPPORT: TERRITORIAL SUPPORT COORDINATES PROJECTS AND ACTIVITIES ACROSS ASTHO TO MEET THE SPECIALIZED NEEDS OF MEMBER ISLAND JURISDICTIONS IN THE PACIFIC AND THE ATLANTIC. SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,988,494. including grants of \$ 352,912. ) (Revenue \$ 1,124,270. )

4e Total program service expenses 37,262,130.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 donor-restricted endowments or in 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
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	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 204		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ..... <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... 15		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records   
 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) MICHAEL ROBERT FRASER CHIEF EXECUTIVE OFFICER	37.50			X			440,134.	0.	59,705.	
(2) MARCUS G. PLESCIA CHIEF MEDICAL OFFICER	37.50				X		292,757.	0.	46,326.	
(3) JAMES S. BLUMENSTOCK CHIEF PROGRAM OFFICER	37.50				X		290,637.	0.	40,587.	
(4) ZARNAAZ BASHIR DEPUTY CEO	37.50			X			225,176.	0.	41,046.	
(5) AMBER N. WILLIAMS SENIOR VICE PRESIDENT	37.50				X		229,998.	0.	33,064.	
(6) CAROLYN MULLEN SENIOR VICE PRESIDENT	37.50				X		231,759.	0.	28,077.	
(7) MARY ANN COONEY CHIEF PROGRAM OFFICER	37.50					X	216,666.	0.	30,385.	
(8) ADAM D. STALEY SENIOR VICE PRESIDENT	37.50				X		218,451.	0.	27,079.	
(9) DAWN RICHARDSON SENIOR DIRECTOR	37.50					X	194,087.	0.	34,629.	
(10) CHRISTINE MACKIE CHIEF PROGRAM OFFICER	37.50					X	193,525.	0.	33,789.	
(11) KARL ENSIGN CHIEF PROGRAM OFFICER	37.50					X	188,185.	0.	36,875.	
(12) JOHN LANE CHIEF PROGRAM OFFICER	37.50				X		176,969.	0.	8,236.	
(13) NIRAV D. SHAH PRESIDENT	2.50	X		X			0.	0.	0.	
(14) ANNE ZINK PRESIDENT-ELECT	1.50	X		X			0.	0.	0.	
(15) NICOLE ALEXANDER-SCOTT PAST PRESIDENT	1.50	X		X			0.	0.	0.	
(16) STEVEN STACK SECRETARY-TREASURER	1.00	X		X			0.	0.	0.	
(17) MARK LEVINE REGION I REPRESENTATIVE	1.00	X					0.	0.	0.	



**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) HOWARD ZUCKER REGION II REPRESENTATIVE	1.00	X						0.	0.	0.
(19) NORM OLIVER REGION III REPRESENTATIVE	1.00	X						0.	0.	0.
(20) SCOTT HARRIS REGION IV REPRESENTATIVE/IMMEDIATE P	1.00	X		X				0.	0.	0.
(21) JOHN HELLERSTEDT REGION VI REPRESENTATIVE	1.00	X						0.	0.	0.
(22) LEE NORMAN REGION VII REPRESENTATIVE	1.00	X						0.	0.	0.
(23) ALEXIA HARRIST REGION VIII REPRESENTATIVE	1.00	X						0.	0.	0.
(24) IHSAN AZZAM REGION IX REPRESENTATIVE	1.00	X						0.	0.	0.
(25) ELKE SHAW-TULLOCH REGION X REPRESENTATIVE	1.00	X						0.	0.	0.
(26) ESTHER L. MUNA TERRITORY REPRESENTATIVE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,898,344.	0.	419,798.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,898,344.	0.	419,798.

**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 **56**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ORION HEALTHCARE SVCS., INC. DBA WANDERLY, ONE WORLD TRADE CENTER, 8TH FLOOR, LONG	STAFFING SERVICES	1,186,721.
AXIELL ALM, INC., 2014 S. THUNDERBIRD DR., STE 47, WOODS CROSS, UT 84087-2351	GRANT PROG SOFTWARE SUPPORT	569,549.
AMERICAN TECHNOLOGY SERVICES, 2751 PROSPERITY AVENUE 6TH FLOOR, FAIRFAX, VA	SYSTEMS SUPPORT	559,830.
PUBLIC HEALTH PARTNERS, LLC. 26 ANTHONY AVE, TOPSHAM, ME 04086	CONSULTING WITH MAINE CDC	544,718.
GUIDEHOUSE, INC., 2941 FAIRVIEW PARK DR., SUITE 501, FALLS CHURCH, VA 22042	QUANTITATIVE ANALYSIS SUPPORT	431,106.

**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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

ASSOCIATION OF STATE AND TERRITORIAL  
HEALTH OFFICIALS

Form 990

35-1044487

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) JUSTA ENCARNACION TERRITORY REPRESENTATIVE	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	1,655,595.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	37,487,722.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,835,424.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			43,978,741.			
Program Service Revenue	<b>2 a</b> CROSS CUTTING PROGRAM	<b>Business Code</b>					
		900099	1,124,270.	1,124,270.			
	<b>b</b> MEETING REGISTRATIONS	900099	8,755.	8,755.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			1,133,025.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		30,163.			30,163.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> INSURANCE PROCEEDS	<b>Business Code</b>					
		900099	79,270.			79,270.	
	<b>b</b> TAX REFUNDS	900099	13,868.			13,868.	
	<b>c</b> SPEAKER HONORARIUMS	900099	2,000.			2,000.	
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			95,138.				
<b>12 Total revenue.</b> See instructions .....			45,237,067.	1,133,025.	0.	125,301.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,327,215.	6,327,215.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	98,000.	98,000.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,527,458.	2,164,397.	363,061.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	15,377,934.	13,168,942.	2,208,992.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,760,577.	1,507,676.	252,901.	
<b>9</b> Other employee benefits .....	2,499,210.	2,153,888.	345,322.	
<b>10</b> Payroll taxes .....	1,290,864.	1,105,435.	185,429.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	19,641.		19,641.	
<b>c</b> Accounting .....	49,063.		49,063.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,874,650.	8,140,304.	734,346.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	1,548,239.	1,111,192.	437,047.	
<b>14</b> Information technology .....	212,701.	176,028.	36,673.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,073,753.	885,362.	188,391.	
<b>17</b> Travel .....	90,656.	53,610.	37,046.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	343,397.	325,094.	18,303.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	54,560.	44,987.	9,573.	
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	42,147,918.	37,262,130.	4,885,788.	0.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	8,910,314.	<b>2</b>	9,797,018.
	<b>3</b> Pledges and grants receivable, net .....	3,135,977.	<b>3</b>	5,902,022.
	<b>4</b> Accounts receivable, net .....	547,292.	<b>4</b>	622,106.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	78,345.	<b>9</b>	305,663.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,521,326.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,597,721.	184,965.	<b>10c</b> 923,605.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	215,660.	<b>15</b>	276,367.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	13,072,553.	<b>16</b>	17,826,781.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,728,678.	<b>17</b>	4,405,744.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,032,594.	<b>19</b>	1,110,866.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	2,709,877.	<b>24</b>	2,747,190.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	744,486.	<b>25</b>	631,984.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,215,635.	<b>26</b>	8,895,784.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,733,882.	<b>27</b>	4,662,978.
	<b>28</b> Net assets with donor restrictions .....	2,123,036.	<b>28</b>	4,268,019.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,856,918.	<b>32</b>	8,930,997.
<b>33</b> Total liabilities and net assets/fund balances .....	13,072,553.	<b>33</b>	17,826,781.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	45,237,067.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	42,147,918.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,089,149.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,856,918.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-15,070.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	8,930,997.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	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.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	27,189,804.	27,042,772.	34,783,501.	33,701,085.	43,978,741.	166,695,903.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	27,189,804.	27,042,772.	34,783,501.	33,701,085.	43,978,741.	166,695,903.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5,291,257.
<b>6 Public support.</b> Subtract line 5 from line 4.						161,404,646.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	27,189,804.	27,042,772.	34,783,501.	33,701,085.	43,978,741.	166,695,903.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	7,020.	8,585.	14,447.	10,526.	30,163.	70,741.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,456.	32,546.	7,559.	22,945.	2,000.	67,506.
<b>11 Total support.</b> Add lines 7 through 10						166,834,150.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,283,274.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.75 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	96.43 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined 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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
<b>1</b>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



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

OMB No. 1545-0047

# 2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number  35-1044487
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**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	<hr/> <hr/> <hr/>	\$ 37,487,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,675,114.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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	<b>Employer identification number</b>  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

**2020**

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

**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 campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	30,728.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	248,617.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	279,345.													
<b>d</b>	Other exempt purpose expenditures .....	41,868,573.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	42,147,918.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	314,184.	273,588.	280,424.	279,345.	1,147,541.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	34,906.	30,396.	30,847.	30,728.	126,877.

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>	

**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.

SCHEDULE C, SUPPLEMENTAL INFORMATION

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 HIGHEST

**Part IV** Supplemental Information *(continued)*

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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 regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

**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 make 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 program
  - 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 Term 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 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		992,990.	463,342.	529,648.
d Equipment		1,603,164.	1,210,333.	392,831.
e Other		925,172.	924,046.	1,126.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				923,605.



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	72,561.
(3) DEFERRED RENT LIABILITY	559,423.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	631,984.

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	45,221,997.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	-15,070.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	-15,070.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	45,237,067.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	45,237,067.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	42,147,918.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	42,147,918.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	42,147,918.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020, ASTHO HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		98,000.
<b>3 a</b> Subtotal .....	0	0			98,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			98,000.

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HEALTH INFORMATION SYSTEMS (HIS) STRENGTHENING IN THE USAPI TERRITORIES AND	50,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUPPORTING STATE HEALTH AGENCIES TO ADDRESS EMERGING ENVIRONMENTAL HEALTH	48,000.	CHECK	0.		

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

3 Enter total number of other organizations or entities ..... **2**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

**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 noncash assistance	(g) Description of noncash 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; don't file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see 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; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

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. THE PROGRAM LEAD MAINTAINS CONTACT WITH THE CONTRACTORS THROUGH REGULAR "CHECK-INS," PROGRESS REPORTS, ETC., AS APPLICABLE.

PART I, LINE 3:

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

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

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

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: SUPPORTING STATE HEALTH AGENCIES TO ADDRESS EMERGING ENVIRONMENTAL HEALTH ISSUES

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
GEORGIA DEPT OF PUBLIC HEALTH 2 PEACHTREE ST., NW, 15TH FLOOR ATLANTA, GA 30303-3142	90-0676388	170(C)(1)	100,552.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
ASSOCIATION OF STATE DRINKING WATER ADMINISTRATION - 1401 WILSON BLVD., SUITE 1225 - ARLINGTON, VA 22209	87-0416731	501(C)(3)	7,500.	0.			STRENGTHENING LEGIONNAIRE'S DISEASE DIAGNOSIS, SURVEILLANCE, AND PREVENTION
COLORADO DEPT OF PUBLIC HEALTH & ENVIRONMENT - 4300 CHERRY CREEK DRIVE SOUTH - DENVER, CO 80246	84-0644739	170(C)(1)	462,020.	0.			DEVELOPING AND IMPLEMENTING MOU'S BETWEEN PUBLIC HEALTH AND PHARMACIES FOR PANDEMIC
MINNESOTA DEPARTMENT OF HEALTH 658 CEDAR STREET ST. PAUL, MN 55155	41-6007162	170(C)(1)	5,000.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGICAL
PUERTO RICO SCIENCE, TECHNOLOGY AND RESEARCH - P.O. BOX 363437 - SAN JUAN, PUERTO RICO 00936-3475	66-0675963	501(C)(3)	843,738.	0.			CAPACITY BUILDING FOR JURISDICTIONAL HURRICANE RECOVERY - US VIRGIN ISLANDS STAFFING CAPACITY
RHODE ISLAND DEPARTMENT OF PUBLIC HEALTH - ONE CAPITAL HILL - PROVIDENCE, RI 02908	05-6000522	170(C)(1)	33,298.	0.			PLANNING FOR STATE VIRAL HEPATITIS ELIMINATION PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 26.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 3.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Schedule I (Form 990) 2020**



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-6002123	501(C)(3)	217,336.	0.			OPIOID PROJECT JURISDICTIONAL SUPORT - FAMILY HEALTH OUTCOMES PROJECT (FHOP)
WASHINGTON STATE DEPARTMENT OF HEALTH - P.O. BOX 47840 - OLYMPIA, WA 98505-7825	91-1444603	170(C)(1)	18,527.	0.			PLANNING FOR NATIONAL AND STATE VIRAL HEPATITIS ELIMINATION PROGRAMS
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVENUE, 2ND FLOOR - BOSTON, MA 02138	04-2103580	501(C)(3)	1,600,460.	0.			TECHNICAL ASSISTANCE FOR STATE, TERRITORIAL AND FEDERAL RISK COMMUNICATION DURING
IDAHO DEPARTMENT OF HEALTH AND WELFARE - 450 WEST STATE STREET - BOISE, ID 83720-0036	82-6000995	170(C)(1)	30,000.	0.			ENVIRONMENTAL HIAP STATE INCUBATOR PROJECT- TECHNICAL ASSISTANCE AND CAPACITY BUILDING FOR
ILLINOIS PUBLIC HEALTH INSTITUTE 310 S PEIRIA STREET, SUITE 404 CHICAGO, IL 60607	26-2757523	501(C)(3)	3,000.	0.			BUILDING STATE PUBLIC HEALTH DEPARTMENT CAPACITY TO SUPPORT BREASTFEEDING
NATIONAL COALITION OF STD DIRECTORS - 1029 VERMONT AVENUE, NW, SUITE 500 - WASHINGTON, DC 20005	52-2065422	501(C)(3)	849,638.	0.			NATIONAL COVID-19 CONTACT TRACING E-LEARNING TRAINING
NATIONAL PUBLIC HEALTH INFORMATION COALITION - 1353 RIVERSTONE PARKWAY, SUITE 120-309 - CANTON, GA 30114	58-1883255	501(C)(3)	87,500.	0.			TECHNICAL ASSISTANCE FOR STATE, TERRITORIAL, AND FEDERAL RISK COMMUNICATION DURING
PA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS - 1500 MARKET STREET, LM500 - PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	6,750.	0.			BUILDING STATE PUBLIC HEALTH DEPARTMENT CAPACITY TO SUPPORT BREASTFEEDING
PENNSYLVANIA DEPARTMENT OF HEALTH 555 WALNUT STREET, 9TH FLOOR HARRISBURG, PA 17101	23-6003104	170(C)(1)	15,055.	0.			SUPPORTING STATE HEALTH AGENCIES TO ADDRESS EMERGING ENVIRONMENTAL HEALTH ISSUES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS - 409 12TH STREET SW - WASHINGTON, DC 20024	36-2217981	501(C)(3)	100,948.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR
THE CENTER FOR AFRICAN AMERICAN HEALTH - 3350 HUDSON STREET - DENVER, CO 80207	84-1477546	501(C)(3)	6,254.	0.			BUILDING STATE PUBLIC HEALTH DEPARTMENT CAPACITY TO SUPPORT BREASTFEEDING
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM ST - LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	5,500.	0.			BUILDING STATE PUBLIC HEALTH DEPARTMENT CAPACITY TO SUPPORT BREASTFEEDING
UZAZI VILLAGE 4232 TROOST AVE KANSAS CITY, MO 64110	46-0589830	501(C)(3)	6,248.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
COMMONWEALTH HEALTHCARE CORPORATION (CNMI) - P.O. BOX 500409 - SAIPAN, MAURITIUS 96950	66-0774364	170(C)(1)	54,000.	0.			PUBLIC HEALTH COLLABORATIVE TO IMPROVE CARDIOVASCULAR HEALTH OUTCOMES
GUAM'S ALTERNATIVE LIFESTYLE ASSOCIATION - P.O. BOX 128 - HAGATNA, GUAM 96932	66-0716699	501(C)(3)	18,000.	0.			PUBLIC HEALTH COLLABORATIVE TO IMPROVE CARDIOVASCULAR HEALTH OUTCOMES
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION - 1717 PENNSYLVANIA AVE. NW, STE 1025 - WASHINGTON, DC 20006	27-1130269	501(C)(3)	166,664.	0.			ONC IMMUNICATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS)
ARKANSAS DEPT OF HEALTH 4815 WEST MARKHAM ST. LITTLE ROCK, AK 72205	71-0847443	501(C)(3)	60,000.	0.			SUPPORTING CAPACITY BUILDING AND COLLABORATION
ASSOCIATION OF IMMUNIZATION MANAGERS - 620 HUNGERFORD DR., STE 29 - ROCKVILLE, MD 20850	52-2346043	501(C)(3)	166,664.	0.			ONC IMMUNICATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CI INTERNATIONAL, INC. 7852 S. ELATI STREET, SUITE 201 LITTLETON, CO 80120	84-1364821		14,475.	0.			OPIOID USE, MATERNAL OUTCOMES, AND NEONATAL ABSTINENCE SYNDROME INITIATIVE (OMNI)
COMMONWEALTH OF PENNSYLVANIA 1310 ELMERTON AVENUE HARRISBURG, PA 17110	23-6003104	501(C)(3)	8,800.	0.			IMPLEMENTING MOU'S BETWEEN STATE HEALTH DEPARTMENTS AND PHARMACIES FOR PANDEMIC
EXECUSOURCE, LLC. 3575 PIEDMONT RD, NE., SUITE 350 ATLANTA, GA 30305	81-0853090		74,717.	0.			MILLION HEARTS-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
INDIANA STATE DEPT OF HEALTH 2 NORTH MERIDIAN ST. INDIANAPOLIS, IN 46204	35-6000158	501(C)(3)	60,000.	0.			STATE ENVIRONMENTAL HEALTH DIRECTORS PEER NETWORK - SUPPORTING CAPACITY BUILDING AND
INFORMED GREEN SOLUTIONS, INC. P.O. BOX 60, 658 MAD BROOK RD. EAST CHARLESTON, VT 05833	26-4427379	501(C)(3)	60,000.	0.			SUPPORTING CAPACITY BUILDING AND COLLABORATION
KENTUCKY DEPT OF PUBLIC HEALTH 275 EAST MAIN ST., 4E-C FRANKFORT, KY 40601	61-0600439	501(C)(3)	60,000.	0.			SHARE IDEAS ON DESIGN AND DEVELOPMENT OF MODULES TO UPDATE THE CARDIFF MODEL
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	9,000.	0.			ADVANCING GEORGIA PUBLIC HEALTH SYSTEM VIOLENCE SURVEILLANCE & PARTNERSHIP ACTIVITIES
NAT'L ASSOC OF COUNTY & CITY HEALTH OFFICIALS - 1100 17TH STREET NW, 7TH FL - WASHINGTON, DC 20036	52-1426663	501(C)(3)	286,748.	0.			NATIONAL ORGANIZATIONS FOR STATE AND LOCAL OFFICIALS (NOSLO)
NATIONAL INSTITUTE FOR ANIMAL AGRICULTURE - 13570 MEADOWGRASS DR., STE 201 - COLORADO SPRINGS, CO 80921	61-1360046	501(C)(3)	10,000.	0.			FOOD SAFETY ACTIVITIES FOR STATE HEALTH DEPARTMENTS AND OFFICIALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS, GRANTS & CONTRACTS - 1603 W. TAYLOR, OFFICE #657 - CHICAGO, IL 60613	37-6000511	501(C)(3)	11,765.	0.			OPIOID USE, MATERNAL OUTCOMES, AND NEONATAL ABSTINENCE SYNDROME INITIATIVE (OMNI)
RTI INTERNATIONAL P.O. BOX 12194 RESEARCH TRIANGLE PARK, NC 27709	56-0686338	501(C)(3)	629,228.	0.			PUBLIC HEALTH COMMUNITY PLATFORM
SKY LAKES MEDICAL CENTER FOUNDATION - 2865 DAGGETT AVE. - KLAMATH FALLS, OR 97601	93-0946020	501(C)(3)	25,000.	0.			IMPROVING SOCIAL DETERMINANTS OF HEALTH (SDOH) - GETTING FURTHER FASTER
STRATEGIC HEALTH INFORMATION EXCHANGE COLLABORATIVE - 700 12TH STREET, SW, SUITE 700 - WASHINGTON, DC 20005	47-1803207	501(C)(6)	145,830.	0.			ONE COVID-19 IDEAS PROGRAM
VA DEPARTMENT OF HEALTH 109 GOVERNOR ST., 13TH FLOOR RICHMOND, VA 23219	54-6001775	170(C)(1)	60,000.	0.			ENVIRONMENTAL PUBLIC HEALTH TRACKING: PEER-TO-PEER FELLOWSHIP PROGRAM, PHASE 1

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

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

PAYMENT OF FUNDS IS TIED TO PERFORMANCE BY INVOKING SPECIFIC MILESTONES

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

APPROVED BY 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**

COLORADO DEPT OF PUBLIC HEALTH & ENVIRONMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING AND IMPLEMENTING MOU'S  
BETWEEN PUBLIC HEALTH AND PHARMACIES FOR PANDEMIC PREPAREDNESS

NAME OF ORGANIZATION OR GOVERNMENT: MINNESOTA DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH DEPARTMENT  
CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGICAL PROFILE

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTO RICO SCIENCE, TECHNOLOGY AND RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING FOR JURISDICTIONAL  
HURRICANE RECOVERY - US VIRGIN ISLANDS STAFFING CAPACITY ENHANCEMENTS

NAME OF ORGANIZATION OR GOVERNMENT:

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL ASSISTANCE FOR STATE,  
TERRITORIAL AND FEDERAL RISK COMMUNICATION DURING PUBLIC HEALTH  
EMERGENCIES: COVID-19

NAME OF ORGANIZATION OR GOVERNMENT:

IDAHO DEPARTMENT OF HEALTH AND WELFARE

(H) PURPOSE OF GRANT OR ASSISTANCE: ENVIRONMENTAL HIAP STATE INCUBATOR  
PROJECT- TECHNICAL ASSISTANCE AND CAPACITY BUILDING FOR SHA'S EFFORT

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL PUBLIC HEALTH INFORMATION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL ASSISTANCE FOR STATE,  
TERRITORIAL, AND FEDERAL RISK COMMUNICATION DURING PUBLIC HEALTH

**Part IV Supplemental Information**

EMERGENCIES: COVID-19

NAME OF ORGANIZATION OR GOVERNMENT:

THE AMERICAN COLLEGE OF OBSTETRICIANS AND 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: CI INTERNATIONAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: OPIOID USE, MATERNAL OUTCOMES, AND

NEONATAL ABSTINENCE SYNDROME INITIATIVE (OMNI) LEARNING COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: COMMONWEALTH OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENTING MOU'S BETWEEN STATE

HEALTH DEPARTMENTS AND PHARMACIES FOR PANDEMIC INFLUENZA VACCINE PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA STATE DEPT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: STATE ENVIRONMENTAL HEALTH DIRECTORS

PEER NETWORK - SUPPORTING CAPACITY BUILDING AND COLLABORATION

NAME OF ORGANIZATION OR GOVERNMENT: MEDICAL COLLEGE OF WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCING GEORGIA PUBLIC HEALTH

SYSTEM VIOLENCE SURVEILLANCE & PARTNERSHIP ACTIVITIES BASED ON THE

CARDIFF MODEL

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

**2020**

Open to Public Inspection

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 (such as maid, chauffeur, chef) |

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

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

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

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL ROBERT FRASER CHIEF EXECUTIVE OFFICER	(i)	384,761.	55,373.	0.	51,901.	7,804.	499,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARCUS G. PLESCIA CHIEF MEDICAL OFFICER	(i)	278,864.	13,893.	0.	34,804.	11,522.	339,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES S. BLUMENSTOCK CHIEF PROGRAM OFFICER	(i)	270,078.	20,559.	0.	33,598.	6,989.	331,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ZARNAAZ BASHIR DEPUTY CEO	(i)	214,258.	10,918.	0.	27,168.	13,878.	266,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMBER N. WILLIAMS SENIOR VICE PRESIDENT	(i)	216,624.	13,374.	0.	27,536.	5,528.	263,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CAROLYN MULLEN SENIOR VICE PRESIDENT	(i)	220,911.	10,848.	0.	27,177.	900.	259,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARY ANN COONEY CHIEF PROGRAM OFFICER	(i)	206,549.	10,117.	0.	25,344.	5,041.	247,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ADAM D. STALEY SENIOR VICE PRESIDENT	(i)	208,151.	10,300.	0.	25,579.	1,500.	245,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAWN RICHARDSON SENIOR DIRECTOR	(i)	184,781.	9,306.	0.	23,315.	11,314.	228,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHRISTINE MACKIE CHIEF PROGRAM OFFICER	(i)	184,189.	9,336.	0.	23,390.	10,399.	227,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KARL ENSIGN CHIEF PROGRAM OFFICER	(i)	179,005.	9,180.	0.	22,997.	13,878.	225,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOHN LANE CHIEF PROGRAM OFFICER	(i)	148,669.	28,300.	0.	2,933.	5,303.	185,205.	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.

PART I, LINE 7:

ASTHO HAS AN ACHIEVEMENT AWARD PROGRAM THAT IS OPEN TO ALL FULL-TIME AND PART-TIME EMPLOYEES. ACHIEVEMENT AWARD RECOMMENDATIONS MUST BE MADE BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR AND APPROVED BY THE SUPERVISOR'S CHIEF. THE ACHIEVEMENT AWARD, A ONE-TIME CASH AWARD, IS TO PROVIDE IMMEDIATE RECOGNITION FOR A SPECIFIC ACTION OR ACHIEVEMENT BEYOND WHAT IS NORMALLY EXPECTED OF AN EMPLOYEE.

ADDITIONALLY, ASTHO MAY PERIODICALLY PROVIDE A PERFORMANCE OR ACHIEVEMENT BONUS TO INDIVIDUALS AS DEEMED APPROPRIATE. BONUS AMOUNTS ARE DISCUSSED WITH SENIOR DIRECTORS AND/OR THE EXECUTIVE LEADERSHIP TEAM, WITH EXECUTIVE LEADERSHIP TEAM, SENIOR DIRECTOR AND OPSD (HR) APPROVAL REQUIRED.

THE BONUS FOR THE CEO IS PART OF HIS CONTRACT AND UP TO THE CAP OF 10% IS DETERMINED AND APPROVED ANNUALLY BY THE BOARD.

**SCHEDULE O**  
**(Form 990 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.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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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:

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

THE COMMUNITY HEALTH AND DISEASE PREVENTION PROGRAM AREA PROVIDES  
LEADERSHIP SUPPORT AND CAPACITY BUILDING TO POSITION STATE AND  
TERRITORIAL HEALTH OFFICIALS AS CHIEF HEALTH STRATEGISTS IN THEIR  
JURISDICTIONS TO IMPROVE POPULATION HEALTH IN THREE DISTINCT BUT  
COORDINATED AREAS OR POPULATIONS: FAMILY AND CHILD HEALTH; MATERNAL AND  
INFANT HEALTH; AND CHRONIC DISEASE. IN 2020 AND 2021, ASTHO MOBILIZED  
TO SUPPORT OUR MEMBERS ACROSS THE COUNTRY THROUGH CAPACITY BUILDING,  
TECHNICAL ASSISTANCE, AND THOUGHT LEADERSHIP. THE TEAM EXCELS IN  
PROVIDING A ROBUST CONTINUUM OF TECHNICAL ASSISTANCE DESIGNED TO  
SUPPORT STATE AND TERRITORIAL HEALTH AGENCIES WITH THE DEVELOPMENT,  
IMPLEMENTATION, AND EVALUATION OF PROGRAMMATIC OR PERFORMANCE AREAS AND  
EXEMPLIFIES THIS THROUGH THE FOLLOWING MULTI-SECTOR LEARNING  
COMMUNITIES:

- OPIOID USE DISORDER, MATERNAL OUTCOMES, AND NEONATAL ABSTINENCE

SYNDROME INITIATIVE (OMNI) LEARNING COMMUNITY BUILT CAPACITY IN 15

STATES TO IMPLEMENT SYSTEMS-LEVEL PROGRAM AND POLICY IMPLEMENTATION

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

Schedule O (Form 990 or 990-EZ) 2020

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RELATED TO PREGNANT AND POSTPARTUM WOMEN WITH OPIOID USE, MISUSE, AND

DEPENDENCE AND PROVIDED LOCAL ENHANCEMENTS TO PROVIDE FIVE STATES (FL,

KY, NV, OH, WA) WITH FIELD-BASED SUPPORT TO ENHANCE THEIR CAPACITY TO

DEVELOP AND IMPLEMENT GOALS.

- ASTHO ESTABLISHED A COORDINATING CENTER TO SUPPORT A 9-12

MULTI-STATE LEARNING COMMUNITY ON PREGNANCY RISK ASSESSMENT MONITORING

SYSTEM (PRAMS) DATA LINKAGE WITH CLINICAL OUTCOMES DATA. FOCUS ON

PROVIDING TECHNICAL ASSISTANCE TO STATES TO USE STANDARDIZED

METHODOLOGY TO LINK DATA; SUPPORT PRIORITY PATIENT-CENTERED OUTCOMES

RESEARCH FOR MATERNAL AND CHILD HEALTH; AND SUPPORT A PROCESS FOR

RECEIVING DE-IDENTIFIED DATA FROM MULTIPLE STATES, HOSTING AND

ACCESSING LINKED DATA FOR CDC AND EXTERNAL RESEARCHERS, AND

DOCUMENTATION FOR SUSTAINABILITY AND REPLICATION OF PROJECT.

- THE 16-STATE BREASTFEEDING LEARNING COMMUNITY ENHANCED

BREASTFEEDING INITIATION AND DURATION BY IMPROVING POLICIES AND

PROVIDED NINE STATES WITH INNOVATION GRANTS TO IMPROVE AND FORM

COHESIVE COLLABORATIVE NETWORKS WITH STATE AND LOCAL CROSS-SECTORAL

PARTNERS TO ADDRESS BREASTFEEDING DISPARITIES THROUGH TRANSFORMATIVE

HEALTH EQUITY APPROACHES.

- ASTHO, IN COLLABORATION WITH OTHER NATIONAL PARTNERS ARE WORKING

WITH STATES AND COMMUNITIES ADDRESSING THE SOCIAL DETERMINANTS OF

HEALTH (SDOH) TO IMPACT HEALTH OUTCOMES IN THEIR COMMUNITIES.

DEMONSTRATED IMPACT ON CHRONIC DISEASE PREVENTION IN ONE OF FIVE AREAS

OF SOCIAL DETERMINANTS OF HEALTH (SDOH): A) BUILT ENVIRONMENT, B)

COMMUNITY-CLINICAL LINKAGES, C) FOOD AND NUTRITION SECURITY, D) SOCIAL

CONNECTEDNESS, AND E) TOBACCO-FREE POLICY. ASTHO IS ALSO WORKING WITH

AN EVALUATOR ON RETROSPECTIVE EVALUATION. THEIR FINAL REPORT WILL

BUILD THE EVIDENCE FOR SUCCESSFUL EXAMPLES OF USING COMMUNITY BENEFIT

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TO ADDRESS SDOH AND IMPACT HEALTH OUTCOMES.

- ASTHO'S TOBACCO PREVENTION AND CONTROL PROGRAM EXISTS TO BUILD

CAPACITY FOR COMPREHENSIVE TOBACCO PROGRAMS WITHIN STATE AND

TERRITORIAL PUBLIC HEALTH DEPARTMENTS BY (1) GUIDING EXECUTIVE

LEADERSHIP IN DRAFTING AND INTERPRETING TOBACCO POLICY LANGUAGE, (2)

TRANSLATING EVIDENCE-BASED STRATEGIES INTO PRACTICE, (3) INTERPRETING

THE IMPACT OF TOBACCO CONTROL POLICIES ACROSS INTERSECTING PUBLIC

HEALTH AREAS (I.E. OTHER CHRONIC DISEASES, SOCIAL DETERMINANTS OF

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

CHANGES IMPACTING HEALTH DISPARITIES.

THE SOCIAL AND BEHAVIORAL HEALTH PROVIDES LEADERSHIP SUPPORT AND

CAPACITY BUILDING TO POSITION STATE AND TERRITORIAL HEALTH OFFICIALS

AND THEIR AGENCIES TO ADDRESS OVERDOSE PREVENTION, SUICIDE PREVENTION,

THE PREVENTION OF ADVERSE CHILDHOOD EXPERIENCES, INJURY PREVENTION,

VIOLENCE PREVENTION, AND MENTAL HEALTH PROMOTION. THE TEAM IS ORGANIZED

FOUR DISTINCT BUT COORDINATED PROJECT TEAMS: BEHAVIORAL HEALTH STATES

AND TERRITORIES; OVERDOSE DATA TO ACTION; OPIOID PREPAREDNESS, RESPONSE

AND SURVEILLANCE; AND PUBLIC AND BEHAVIORAL HEALTH INTEGRATION. IN

2020/2021, ASTHO MOBILIZED TO SUPPORT OUR MEMBERS ACROSS THE COUNTRY

THROUGH CAPACITY BUILDING, TECHNICAL ASSISTANCE, AND THOUGHT

LEADERSHIP. THE TEAM EXCELS IN PROVIDING A ROBUST CONTINUUM OF

TECHNICAL ASSISTANCE DESIGNED TO SUPPORT STATE AND TERRITORIAL HEALTH

AGENCIES WITH THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF

PROGRAMMATIC OR PERFORMANCE AREAS AS DEMONSTRATED IN THE FOLLOWING

ACCOMPLISHMENTS.

- ASTHO CONVENED MULTIPLE IN-PERSON AND VIRTUAL CAPACITY-BUILDING

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## EVENTS RELATED TO OVERDOSE, SUICIDE, AND ADVERSE CHILDHOOD EXPERIENCE

(ACE) PREVENTION: CDC'S OVERDOSE DATA TO ACTION ANNUAL MEETING FOR OVER

1200 ATTENDEES (47 STATES, TWO TERRITORIES, AND 17 CITIES/COUNTIES),

PILOT LEADERSHIP TRAINING FOR PRINCIPAL INVESTIGATORS (NY, MD, PR, AND

CUYAHOGA COUNTY OH), ACESLEARNING COMMUNITY (MI, CT, GA, AND MA), AND

THE SUICIDE AND OPIOID OVERDOSE PREVENTION PUBLIC HEALTH INITIATIVE (CO

AND ME).

- ASTHO SUPPORTED THE FEDERAL STATES OF MICRONESIA (FSM) AND PUERTO

RICO (PR) IN BUILDING THEIR CAPACITY TO RESPOND TO THE OPIOID EPIDEMIC.

FOR FSM, ASTHO FOCUSED ON EDUCATING PROVIDERS ON THE CDC GUIDELINE FOR

PRESCRIBING OPIOIDS FOR CHRONIC PAIN AND TRAINING FIRST RESPONDERS AND

COMMUNITY MEMBERS ON OVERDOSE RECOGNITION AND NALOXONE ADMINISTRATION.

THEN FOR PR, ASTHO PROVIDED RESOURCES AND WEBINARS ON NEONATAL

ABSTINENCE SYNDROME, MANDATORY REPORTING OF OVERDOSES, LAW ENFORCEMENT

ENGAGEMENT, AND PARTNERSHIP BUILDING.

- ASTHO SUPPORTED 10 STATES (AK, CT, DE, KS, MD, NJ, OH, PA, UT, WV)

TO ENHANCE THEIR CAPACITY TO RESPOND TO DISRUPTIONS IN ACCESS TO OPIOID

PRESCRIPTIONS, SUCH AS THOSE THAT OCCUR WHEN A LAW ENFORCEMENT ACTION

IS TAKEN AGAINST A HEALTHCARE PROVIDER. THIS CAPACITY-BUILDING SUPPORT

RESULTED IN INCREASED STATE READINESS AND PREPAREDNESS TO PROVIDE

CONTINUITY OF CARE FOR PATIENTS AFFECTED BY A DISRUPTION.

- ASTHO IMPLEMENTED THE PROJECT ECHO ON OVERDOSE FATALITY

INVESTIGATION TECHNIQUES (OD-FIT) TO IMPROVE MEDICAL EXAMINER AND

CORONER REPORTING OF OVERDOSE MORTALITY DATA. THE MONTHLY VIRTUAL

OD-FIT SESSIONS INCLUDE DIDACTIC TRAINING ON SCENE INVESTIGATION,

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AUTOPSY, TOXICOLOGY TESTING, PARTNERING WITH PUBLIC HEALTH, AND OTHER

TOPICS, FOLLOWED BY CASE REVIEW DISCUSSIONS. SESSIONS ENGAGE AN AVERAGE

OF 80 PARTICIPANTS AND PROVIDE IMPORTANT OPPORTUNITIES FOR PEER

ENGAGEMENT AND ACCESS TO MENTORSHIP FOR MEDICOLEGAL DEATH

INVESTIGATORS.

- ASTHO COLLABORATED WITH NACCHO AND CDC-DASH TO HOST A PUBLIC HEALTH

AND EDUCATION: SEXUAL HEALTH SERVICES WORKSHOP. THE WORKSHOP WAS WELL

ATTENDED WITH 60 PARTICIPANTS FROM LOCAL EDUCATION AGENCIES, LOCAL

HEALTH DEPARTMENTS, AND STATE HEALTH DEPARTMENTS. IT FEATURED

PRESENTATIONS FROM LOCAL, STATE, AND NATIONAL EXPERTS AND OFFERED

OPPORTUNITIES FOR ENGAGEMENT TO ENHANCE EDUCATION AND PUBLIC HEALTH

COLLABORATIONS.

FORM 990, PART III, LINE 4B:

HEALTH SECURITY:

THE HEALTH SECURITY UNIT (HSU) FOCUSES ON HEALTH EMERGENCIES SUCH AS

NATURAL DISASTERS, DISEASE OUTBREAKS AND PANDEMICS, DELIBERATE ATTACKS,

ENVIRONMENTAL CATASTROPHES, AND OTHER HEALTH THREATS AND IS COMPRISED

OF FOUR SEPARATE BUT INTEGRATED TEAMS: PREPAREDNESS, INFECTIOUS

DISEASES INFRASTRUCTURE AND POLICY, EMERGING INFECTIOUS DISEASES, AND

ENVIRONMENTAL HEALTH.

IN 2021, ASTHO'S HSU LARGELY FOCUSED ON CONTINUING TO SUPPORT ITS

MEMBERS ACROSS THE COUNTRY BY PROVIDING SITUATIONAL AWARENESS,

CONNECTIVITY WITH KEY FEDERAL AGENCIES AND PARTNER ASSOCIATIONS, AND

NEEDED INFORMATION AND TECHNICAL ASSISTANCE PLATFORM ASSOCIATED WITH

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THE COVID-19 PANDEMIC, WHICH CAUSED US TO PAUSE SEVERAL OF THE UNIT'S  
 LONGSTANDING PROJECT ACTIVITIES. ASTHO RESPONDED TO OVER 277 COVID-19  
 SPECIFIC TECHNICAL ASSISTANCE REQUESTS BETWEEN JANUARY AND SEPTEMBER  
 2021, ON TOPICS INCLUDING VACCINATION, FUNDING REQUESTS AND USAGE, DATA  
 MANAGEMENT AND COLLECTION, AND EMERGENCY DECLARATIONS. IN RESPONSE TO  
 SEVERAL OF THE TECHNICAL ASSISTANCE REQUESTS, ASTHO CREATED SEVERAL  
 PRODUCTS AND RESOURCES, INCLUDING THE FREQUENTLY ACCESSED COVID-19  
 VACCINE COMPARISON ISSUE BRIEF, INFORMATION ON THE EMERGENCY  
 SUPPLEMENTAL FUNDING TO STATE, LOCAL, TERRITORIAL, AND TRIBAL  
 GOVERNMENTS, AND INFORMATION INFORM THE DEVELOPMENT OF COMMUNICATION  
 STRATEGIES FOR STATE HEALTH AGENCIES TITLED "BACK TO SCHOOL: PARENT  
 VIEWS OF COVID PROTECTION". ASTHO ALSO LAUNCHED THE "MAKING CONTACT:  
 A TRAINING FOR COVID-19 CONTACT TRACERS", WHICH HAS TRAINED OVER  
 100,000 STAFF ACROSS THE COUNTRY.

THROUGHOUT THE COVID-19 RESPONSE, ASTHO HAS STRENGTHENED EXISTING  
 PARTNERSHIPS AND FORMED NEW PARTNERSHIPS WITH ORGANIZATIONS TO ASSIST  
 STATE HEALTH AGENCIES IN MAKING CONNECTIONS, INCLUDING BUT NOT LIMITED  
 TO:

ASTHO'S AFFILIATES

NATIONAL GOVERNORS ASSOCIATION

COUNCIL OF CHIEF STATE SCHOOL OFFICERS

ASTHO, IN CONJUNCTION WITH THE AMERICAN PHARMACISTS ASSOCIATION, FORMED  
 THE NATIONAL ASSOCIATIONS' COVID VACCINE LEADERSHIP COUNCIL. THE  
 COUNCIL IS A COLLABORATION OF 19 HEALTHCARE AND PUBLIC HEALTH  
 ORGANIZATIONS WHICH SUPPORT AND IMPLEMENT THE NATION'S COVID-19



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VACCINATION PLAN.

IN ADDITION TO THE RESPONSE TO COVID-19, ASTHO'S HSU DEVELOPED AND LAUNCHED THE ENVIRONMENTAL HEALTH PROGRAMS AND SERVICES PORTAL WHICH INCLUDES A DASHBOARD WITH THE DATA AS WELL AS FACTSHEETS WITH KEY FINDINGS ON SEVERAL KEY ENVIRONMENTAL HEALTH TOPICS. HSU HAS ALSO WORKED TO LEAD STATES THROUGH A PROCESS TO RESHAPE THE EXISTING PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) FRAMEWORK INTO A MORE RESILIENT, ADAPTABLE, AND INCLUSIVELY COMPETENT SYSTEM. WE ARE OPTIMISTIC THAT THIS PROJECT WILL RESULT IN IMPROVED PUBLIC HEALTH PREPAREDNESS AND CLARITY OF THE ROLES AND RESPONSIBILITIES OF LOCAL, STATE, TERRITORIAL, AND FEDERAL AGENCIES IN RESPONSE TO PUBLIC HEALTH THREATS.

THE HSU HOSTED THE NATIONAL HEPATITIS MEETING 2021 - MOVING TOWARD VIRAL HEPATITIS ELIMINATION IN THE UNITED STATES, CONVENING MORE THAN 200 HEALTH DEPARTMENT STAFF AND PARTNERS TO DISCUSS PROGRESS ON VIRAL HEPATITIS ELIMINATION, STRATEGIES FOR SUPPORTING HIGH-IMPACT PREVENTION, TO CONNECT LEADERS AND PROGRAM STAFF ACROSS JURISDICTIONS, AND TO SHARE LESSONS FROM THE COVID-19 RESPONSE FOR FUTURE ELIMINATION EFFORTS. THE HSU ALSO CONTINUES TO CO-LEAD THE COUNCIL OF OUTBREAK RESPONSE: HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIMICROBIAL-RESISTANT PATHOGENS (CORHA) WHICH AIMS TO IMPROVE PRACTICES AND POLICIES AT THE LOCAL, STATE, AND NATIONAL LEVELS FOR DETECTION, INVESTIGATION, CONTROL, AND PREVENTION OF HAI/AR OUTBREAKS ACROSS THE HEALTHCARE CONTINUUM.

FORM 990, PART III, LINE 4C:

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## CARIBBEAN OPERATIONS IN TERRITORIAL SUPPORT:

TERRITORIAL SUPPORT COORDINATES PROJECTS AND ACTIVITIES ACROSS ASTHO TO

MEET THE SPECIALIZED NEEDS OF MEMBER ISLAND JURISDICTIONS IN THE

PACIFIC AND THE ATLANTIC. THROUGH JUNE 2021, THE UNIT SUPPORTED 10

DISTINCT PROJECTS AT THE PUERTO RICO DEPARTMENT OF HEALTH AND TWO

PROJECTS AT THE U.S. VIRGIN ISLANDS DEPARTMENT OF HEALTH. PROJECT

ACTIVITIES AIMED TO ASSIST HURRICANE RECOVERY IN PUERTO RICO AND THE

U.S. VIRGIN ISLANDS FOLLOWING HURRICANES IRMA AND MARIA AND FOCUSED ON

THE TOPICS OF ENVIRONMENTAL HEALTH SERVICES AND IT INFRASTRUCTURE;

COMMUNITY RISK MITIGATION; DISASTER-RELATED DEATH REGISTRY PROCESSES;

POST-DISASTER CARBON MONOXIDE POISONING SURVEILLANCE; POST-HURRICANE

BURDEN AND RISK FACTORS FOR CHILDREN WITH ASTHMA; HEALTHCARE INFECTION

CONTROL SURVEILLANCE AND PREVENTION; VECTOR-BORNE DISEASES; STD

LABORATORY, PREVENTION AND CONTROL; AND GRANTS MANAGEMENT.

THE 10 PROJECTS WITH THE PUERTO RICO DEPARTMENT OF HEALTH FOCUSED ON

STAFFING, EQUIPMENT AND SOFTWARE PROCUREMENT, AND CONTRACTING SERVICES

TO COMPLETE ASSESSMENTS, IMPLEMENT AN ELECTRONIC VITAL RECORDS SYSTEM

AND AN ELECTRONIC GRANTS MANAGEMENT SYSTEM, AS WELL AS PROVIDE

PROFESSIONAL DEVELOPMENT TRAININGS TO HEALTH DEPARTMENT STAFF AND KEY

PARTNERS.

THE TWO PROJECTS WITH THE U.S. VIRGIN ISLANDS FOCUSED MAINLY ON

DEVELOPING STANDARD OPERATING PROCEDURES (SOPS); STREAMLINING BUSINESS

PROCESSES RELATED TO FINANCIAL MANAGEMENT, PROCUREMENT, AND GRANTS

MANAGEMENT, INCLUDING THE JURISDICTION'S EXISTING ENTERPRISE-WIDE

RESOURCE PLANNING (ERP) SYSTEM; AND PROVIDING TRAININGS TO HEALTH

DEPARTMENT STAFF ON THEIR ERP SYSTEM AND DEVELOPED SOPS.

TO SUPPORT THE U.S. VIRGIN ISLANDS DEPARTMENT OF HEALTH'S (USVI DOH)

INTERNAL PROCUREMENT PROCESS, ASTHO HAS COACHED ITS STAFF TO USE AND

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POPULATE SCORECARDS ON KEY BUSINESS PROCESSES FOR MANAGING PERFORMANCE

AND CONTINUOUS IMPROVEMENT. RECENT SCORECARD DATA SHOW A 69%

IMPROVEMENT IN THE TIME FOR INTERNAL REVIEW AND APPROVAL AND A 92%

IMPROVEMENT IN THE NUMBER OF ERRORS AND REJECTS COMPARED TO THE PRIOR

YEAR. IN COLLABORATION WITH USVI DOH, ASTHO LAUNCHED A COMMUNITY SURVEY

ON HEALTH PRIORITIES THAT WILL INFORM THE DEVELOPMENT OF THE HEALTHY

USVI 2030 COMMUNITY HEALTH IMPROVEMENT PLAN. ASTHO RECEIVED OVER 400

RESPONSES REPRESENTING ALL USVI ISLANDS. ASTHO PREPARED RECOMMENDATIONS

FOR IMPROVING HEALTH DATA SYSTEM GAPS USING FINDINGS FROM THE

DEVELOPMENT OF USVI'S COMMUNITY HEALTH ASSESSMENT (CHA).

FORM 990, PART III, LINE 4D:

CENTER FOR POPULATION HEALTH STRATEGIES:

CENTER FOR POPULATION HEALTH STRATEGIES PROGRAM AREA PROVIDES

LEADERSHIP SUPPORT AND CAPACITY BUILDING TO POSITION STATE AND

TERRITORIAL HEALTH OFFICIALS AS CHIEF HEALTH STRATEGISTS IN THEIR

JURISDICTIONS. THE CENTER ALSO PROVIDES LEADERSHIP ON BUILDING STATE

CAPACITY TO ADDRESS HEALTH EQUITY BY CREATING AND SUPPORTING TOOLS AND

RESOURCES FOR THE INCLUSION OF HEALTH EQUITY LANGUAGE IN PROPOSALS AND

CONTRACTS.

CROSS CUTTING PROGRAMS:

THIS WORK ADDRESSES THE HIGHEST PRIORITIES OF THE SELECTED TARGET

POPULATION - STATE AND TERRITORIAL HEALTH OFFICIALS (S/THOS) AND OTHER

STATE AND TERRITORIAL HEALTH AGENCY (S/THA) LEADERS, WITH AN EMPHASIS

ON SENIOR DEPUTIES AND STATE LEGISLATIVE LIAISONS. ASTHO'S AFFILIATE

COUNCIL IS ENGAGED IN CAPACITY BUILDING ASSISTANCE PROVIDED IN A

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NUMBER OF AREAS INCLUDING WORKFORCE DEVELOPMENT, HEALTH EQUITY, AND THE  
 INTEGRATION OF PUBLIC HEALTH AND CLINICAL MEDICINE. THE FOLLOWING WILL  
 BENEFIT - PUBLIC HEALTH NURSES, EPIDEMIOLOGISTS, LABORATORIANS, PUBLIC  
 INFORMATION OFFICERS, SOCIAL WORKERS, HEALTH EDUCATORS, HEALTH FACILITY  
 SURVEYORS, AND DIRECTORS OF MATERNAL AND CHILD HEALTH, CHRONIC DISEASE,  
 INJURY PREVENTION, MINORITY HEALTH, VITAL STATISTICS, HIV/AIDS, STD,  
 DENTAL, NUTRITION, VECTOR CONTROL, AND EMERGENCY MEDICAL SERVICE  
 PROGRAMS.

PERFORMANCE IMPROVEMENT, RESEARCH AND EVALUATION:  
 THE PERFORMANCE IMPROVEMENT, RESEARCH AND EVALUATION TEAM STRENGTHENS  
 THE PUBLIC HEALTH INFRASTRUCTURE BY UNDERTAKING RESEARCH AND EVALUATION  
 NECESSARY TO INFORM AND SUPPORT DATA-DRIVEN DECISION-MAKING, PROVIDING  
 TECHNICAL ASSISTANCE AND SUPPORTING PEER-TO-PEER NETWORKING TO BUILD  
 INTERNAL CAPACITY, AND COMMUNICATING THE IMPACT AND VALUE OF PUBLIC  
 HEALTH.

MEMBER ENGAGEMENT:  
 THROUGH THE FORMATION AND CONVENING OF PEER NETWORKS, ATHSO SUPPORTS  
 ALL LEVELS OF STATE AND TERRITORIAL LEADERSHIP TEAMS, INCLUDING SENIOR  
 DEPUTIES. ASTHO'S LEADERSHIP INSTITUTE PROVIDES LEADERSHIP DEVELOPMENT  
 TO NEW HEALTH OFFICIALS AND THEIR TEAMS AS WELL AS ONGOING SUPPORT AND  
 TRAINING.

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

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STATES, AS SPECIFIED BY LAW, OR AS DESIGNATED BY THE CHIEF EXECUTIVE OF

EACH STATE, TERRITORY, OR POSSESSION. THE CHIEF HEALTH OFFICIAL MAY

DELEGATE ANOTHER FULL-TIME EMPLOYEE OF THE OFFICIAL HEALTH AGENCY TO

REPRESENT THAT AGENCY IN ASTHO ACTIVITIES IN HIS OR HER ABSENCE. SUCH A

DELEGATED OFFICIAL SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF MEMBERSHIP

VESTED IN THE CHIEF HEALTH OFFICIAL. THE ASSEMBLY OF MEMBERS SHALL SERVE

AS THE POLICY MAKING BODY OF THE ASSOCIATION, AND SHALL CONSIST OF ALL

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

ELIGIBLE VOTING MEMBERS OF THE ASSOCIATION SHALL BE THE CURRENTLY SERVING

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

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

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

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

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 11B:

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.

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## 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

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 SERVICES AND CONTRACTORS:

PROGRAM SERVICE EXPENSES 8,140,304.

MANAGEMENT AND GENERAL EXPENSES 734,346.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 8,874,650.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 8,874,650.