

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)

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2014** calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS		D Employer identification number 35-1044487
	Doing business as		E Telephone number 202-371-9090
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2231 CRYSTAL DRIVE		G Gross receipts \$ 24,297,629.
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202		
F Name and address of principal officer: SHARON MOFFAT SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.ASTHO.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1942** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TRANSFORM PUBLIC HEALTH WITHIN STATES AND TERRITORIES THROUGH THE FORMULATION AND IMPLEMENTATION OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	122
	6 Total number of volunteers (estimate if necessary)	6	17
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 23,272,385.	Current Year 24,099,812.
	9 Program service revenue (Part VIII, line 2g)	113,850.	134,299.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,411.	5,323.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,012.	58,195.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,400,658.	24,297,629.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,309,938.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,940,185.	11,240,061.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 162,551.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,972,694.	8,582,048.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,222,817.	24,875,186.
19 Revenue less expenses. Subtract line 18 from line 12	177,841.	-577,557.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,150,697.	End of Year 8,203,111.
	21 Total liabilities (Part X, line 26)	6,435,796.	6,065,767.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,714,901.	2,137,344.

Part II Signature Block

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

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

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

ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

Form 990 (2014)

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Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: _____) (Expenses \$ 6,239,510. including grants of \$ 1,906,169.) (Revenue \$ _____)
COMMUNITY HEALTH AND DISEASE PREVENTION - SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 5,171,616. including grants of \$ 496,823.) (Revenue \$ 45,975.)
HEALTH SECURITY - SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 5,602,621. including grants of \$ 823,153.) (Revenue \$ _____)
HEALTH SYSTEMS TRANSFORMATION - SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)
(Expenses \$ 7,620,225. including grants of \$ 1,826,932.) (Revenue \$ 88,324.)

4e Total program service expenses **24,633,972.**

**ASSOCIATION OF STATE AND TERRITORIAL
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Part IV Checklist of Required Schedules

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

**ASSOCIATION OF STATE AND TERRITORIAL
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Part IV Checklist of Required Schedules *(continued)*

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

**ASSOCIATION OF STATE AND TERRITORIAL
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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	14		
b Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

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

**ASSOCIATION OF STATE AND TERRITORIAL
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARRY CHEN REGION 1 REPRESENTATIVE	1.00	X					0.	0.	0.	
(2) MARY O'DOWD REGION 2 REPRESENTATIVE	1.00	X					0.	0.	0.	
(3) MARISSA LEVINE REGION 3 REPRESENTATIVE	1.00	X					0.	0.	0.	
(4) MARY CURRIER REGION 4 REPRESENTATIVE	1.00	X					0.	0.	0.	
(5) KAREN MCKEOWN REGION 5 REPRESENTATIVE	1.00	X					0.	0.	0.	
(6) J.T. LANE REGION 6 REPRESENTATIVE	1.00	X					0.	0.	0.	
(7) GERD CLABAUGH REGION 7 REPRESENTATIVE	1.00	X					0.	0.	0.	
(8) WENDY BRAUND REGION 8 REPRESENTATIVE	1.00	X					0.	0.	0.	
(9) JAMES GILLIAN REGION 9 REPRESENTATIVE	1.00	X					0.	0.	0.	
(10) JOHN WISEMAN REGION 10 REPRESENTATIVE	1.00	X					0.	0.	0.	
(11) SHEILA PINETTE REGION 1 REPRESENTATIVE	1.00	X					0.	0.	0.	
(12) KARYL RATTAY REGION 3 REPRESENTATIVE	1.00	X					0.	0.	0.	
(13) LAMAR HASBROUCK REGION 5 REPRESENTATIVE	1.00	X					0.	0.	0.	
(14) JOSE MONTERO PAST PRESIDENT	1.00	X					0.	0.	0.	
(15) JEWEL MULLEN PRESIDENT	2.50	X		X			0.	0.	0.	
(16) ED EHLINGER PRESIDENT ELECT	1.50	X		X			0.	0.	0.	
(17) TERRY CLINE IMMEDIATE PAST PRESIDENT	1.50	X		X			0.	0.	0.	

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

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) BRENDA FITZGERALD SECRETARY-TREASURER	1.50	X		X			0.	0.	0.	
(19) PAUL E. JARRIS EXECUTIVE DIRECTOR	37.50			X			347,004.	0.	65,474.	
(20) DAVE COTE ASSOCIATE EXEC. DIRECTOR	37.50			X			206,140.	0.	34,165.	
(21) JAMES S. BLUMENSTOCK CHIEF PROGRAM OFFICER	37.50				X		217,961.	0.	36,339.	
(22) SHARON MOFFATT CHIEF PROGRAM OFFICER	37.50				X		217,865.	0.	26,955.	
(23) LISA WADDELL CHIEF PROGRAM OFFICER	37.50				X		174,346.	0.	33,947.	
(24) MONICA VALDES LUPI CHIEF PROGRAM OFFICER	37.50				X		164,219.	0.	41,130.	
(25) MELISSA FERGUSON CHIEF PROGRAM OFFICER	37.50				X		150,555.	0.	900.	
(26) CATHERINE SELLERS CHIEF PROGRAM OFFICER	37.50					X	141,255.	0.	28,394.	
1b Sub-total							1,619,345.	0.	267,304.	
c Total from continuation sheets to Part VII, Section A							498,126.	0.	96,132.	
d Total (add lines 1b and 1c)							2,117,471.	0.	363,436.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 20

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

SEE PART VII, SECTION A CONTINUATION SHEETS

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

Form 990

35-1044487

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <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) SHAWNRIK POLK CHIEF OF STAFF	37.50				X		138,225.	0.	26,010.	
(28) GRACE CONNOLLY SENIOR DIRECTOR	37.50				X		124,036.	0.	11,173.	
(29) SCOTT BRISCOE SENIOR DIRECTOR	37.50				X		118,202.	0.	28,645.	
(30) ELIZABETH ROMERO WALKER SENIOR DIRECTOR	37.50				X		117,663.	0.	30,304.	
Total to Part VII, Section A, line 1c							498,126.	96,132.		

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

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Part VIII Statement of Revenue

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

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

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,053,077.	5,053,077.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,717,000.	1,107,286.	609,714.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,145,786.	5,244,151.	1,825,648.	75,987.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	812,967.	591,654.	214,149.	7,164.
9 Other employee benefits	927,852.	675,468.	244,412.	7,972.
10 Payroll taxes	636,456.	462,990.	167,653.	5,813.
11 Fees for services (non-employees):				
a Management				
b Legal	41,454.		41,454.	
c Accounting	58,056.		58,056.	
d Lobbying	180,376.	180,376.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,353,771.	2,698,052.	649,101.	6,618.
12 Advertising and promotion				
13 Office expenses	565,810.	226,954.	338,062.	794.
14 Information technology	502,368.	293,341.	209,027.	
15 Royalties				
16 Occupancy	789,595.		789,595.	
17 Travel	1,831,365.	1,710,400.	118,055.	2,910.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	755,876.	584,952.	162,340.	8,584.
20 Interest	9,284.		9,284.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,002.		122,002.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER	276,499.	213,326.	63,173.	
b DUES AND SUBSCRIPTIONS	95,592.	75,354.	17,238.	3,000.
c ALLOCATION OF G&A	0.	5,516,591.	-5,560,300.	43,709.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,875,186.	24,633,972.	78,663.	162,551.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

Form 990 (2014)

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Part X Balance Sheet

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

		(A)			(B)	
		Beginning of year			End of year	
Assets	1 Cash - non-interest-bearing	300.	1		300.	
	2 Savings and temporary cash investments	2,120,825.	2		3,042,513.	
	3 Pledges and grants receivable, net	6,466,855.	3		3,547,197.	
	4 Accounts receivable, net	234,856.	4		415,555.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6		
	7 Notes and loans receivable, net			7		
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges	5,387.	9		174,092.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,434,005.	10a			
	b Less: accumulated depreciation	1,591,603.	10b			
	11 Investments - publicly traded securities			11		
	12 Investments - other securities. See Part IV, line 11			12		
	13 Investments - program-related. See Part IV, line 11			13		
	14 Intangible assets			14		
	15 Other assets. See Part IV, line 11	128,349.	15		181,052.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,150,697.	16		8,203,111.		
Liabilities	17 Accounts payable and accrued expenses	3,785,052.	17		3,229,141.	
	18 Grants payable		18			
	19 Deferred revenue	1,131,500.	19		1,739,820.	
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23 Secured mortgages and notes payable to unrelated third parties		23		590,149.	
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,519,244.	25		506,657.	
	26 Total liabilities. Add lines 17 through 25	6,435,796.	26		6,065,767.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	2,714,901.	27		2,137,344.	
	28 Temporarily restricted net assets		28			
	29 Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	2,714,901.	33		2,137,344.		
34 Total liabilities and net assets/fund balances	9,150,697.	34		8,203,111.		

Form **990** (2014)

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,297,629.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,875,186.
3	Revenue less expenses. Subtract line 2 from line 1	3	-577,557.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,714,901.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,137,344.

Part XII Financial Statements and Reporting

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

ASSOCIATION OF STATE AND TERRITORIAL

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15961952.	17920617.	18246422.	23272385.	24099812.	99501188.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15961952.	17920617.	18246422.	23272385.	24099812.	99501188.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6390531.
6 Public support. Subtract line 5 from line 4.						93110657.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	15961952.	17920617.	18246422.	23272385.	24099812.	99501188.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,697.	5,716.	5,366.	5,411.	5,323.	29,513.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	59,667.	18,696.	22,787.	9,012.	58,195.	168,357.
11 Total support. Add lines 7 through 10						99699058.
12 Gross receipts from related activities, etc. (see instructions)					12	689,925.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	93.39 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	92.48 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

ASSOCIATION OF STATE AND TERRITORIAL

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

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

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization

ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

Employer identification number

35-1044487

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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		\$ <u>19,530,522.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,758,366.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>744,094.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

Name of organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 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-.

ASSOCIATION OF STATE AND TERRITORIAL

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	28,254.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	226,054.													
c Total lobbying expenditures (add lines 1a and 1b)	254,308.													
d Other exempt purpose expenditures	24,620,878.													
e Total exempt purpose expenditures (add lines 1c and 1d)	24,875,186.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

ASSOCIATION OF STATE AND TERRITORIAL

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

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

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

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

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

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

Part IV Supplemental Information

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

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

ASTHO'S GOVERNMENT RELATIONS (GR) TEAM ADVOCATES ON BEHALF OF STATE AND TERRITORIAL HEALTH OFFICIALS BEFORE THE U.S. CONGRESS AND THE ADMINISTRATION. THE GR TEAM ACTIVELY ENGAGES THE CONGRESS ON MATTERS OF SPENDING AND AUTHORIZING LEGISLATION. A MAIN FUNCTION OF THE GR TEAM IS TO INFLUENCE THE APPROPRIATIONS PROCESS BY ADVOCATING FOR THE

Part IV Supplemental Information (continued)

HIGHEST AMOUNT POSSIBLE FOR PUBLIC HEALTH PROGRAMS FOR STATES. THE GR
TEAM ALSO SUPPORTS ASTHO'S AFFILIATES THROUGH SIGN ON LETTERS AND/OR
ACTIVELY SUPPORTING THEM IN MEETINGS ON CAPITOL HILL OR WITH THE
ADMINISTRATION. THE TEAM ALSO HELPS PREPARE STATE HEALTH OFFICIALS FOR
CONGRESSIONAL VISITS AND BRIEFINGS, WHICH ALSO INFLUENCES ASTHO'S
LOBBYING EFFORTS.

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014
Open to Public Inspection

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

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____

- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	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 in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____%
 - b** Permanent endowment ▶ _____%
 - c** Temporarily restricted endowment ▶ _____%
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		480,486.	370,437.	110,049.
d Equipment		488,537.	137,163.	351,374.
e Other		1,464,982.	1,084,003.	380,979.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				842,402.

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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	59,109.
(3) DEFERRED RENT LIABILITY	447,548.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	506,657.

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

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,297,629.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	24,297,629.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,297,629.

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

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

1	Total expenses and losses per audited financial statements	1	24,875,186.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	24,875,186.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,875,186.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, ASTHO HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

Employer identification number

35-1044487

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

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

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

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT	18,000.		0.		

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

3 Enter total number of other organizations or entities

ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

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

Part III can be duplicated if additional space is needed.

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

ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA DEPARTMENT OF PUBLIC HEALTH - P.O. BOX 303017 - MONTGOMERY, AL 36130-3017	63-0937081	115	46,155.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ALABAMA DEPARTMENT OF PUBLIC HEALTH - 201 MONROE STREET, SUITE 1350 - MONTGOMERY, AL 36104	63-1106545	115	29,678.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES - 3601 C STREET, SUITE 322 - ANCHORAGE, AK 99503-5923	92-6001185	501(C)(3)	15,000.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
AMERICAN COLLEGE OF NURSE-MIDWIVES 8403 COLESVILLE ROAD, SUITE 1550 SILVER SPRING, MD 20910	74-1685515	501(C)(3)	74,040.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR
AMERICAN COLLEGE OBSTETRICIANS GYNECOLOGISTS - 409 12TH STREET SW - WASHINGTON, DC 20024	36-2217981	501(C)(3)	74,032.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR
ARKANSAS DEPT. OF HEALTH 4815 WEST MARKHAM ST., SLOT 57 LITTLE ROCK, AR 72205	71-6007358	115	95,972.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 49.**

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

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

Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

Schedule I (Form 990)

35-1044487

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSN OF PUBLIC HEALTH LABORATORIES 8515 GEORGIA AVE., SUITE 700 SILVER SPRINGS, MD 20912	52-1800436	501(C)(3)	133,369.	0.			PUBLIC HEALTH PLATFORM
ASSOC. OF PUBLIC HEALTH NURSES 110 A NORTHWOODS BLVD COLUMBUS, OH 43235	45-5628490	501(C)(3)	6,941.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ASSOCIATION OF AMERICAN INDIAN PHYSICIANS - 1225 SOVEREIGN ROW, SUITE 103 - OKLAHOMA CITY, OK 73108	23-7296826	501(C)(3)	47,588.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR
BREASTFEEDING HAWAII P.O. BOX 30142 HONOLULU, HI 96820	61-1636900	501(C)(3)	15,000.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
COALITION OF OKLAHOMA BREASTFEEDING ADVOCATES - 4 NE 10TH ST. PMB 188 - OKLAHOMA CITY, OK 73104	46-2664843	501(C)(3)	30,000.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
DISTRICT OF COLUMBIA DEPT OF HEALTH - 899 NORTH CAPITOL STREET NE, 3RD FLOOR - WASHINGTON, DC 20002	53-6001131	115	78,397.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	205,775.	0.			PANDEMIC INFLUENZA COMMUNICATION PARTNERSHIP
FLORIDA DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY BIN A-06 TALLAHASSEE, FL 32399	59-3502843	115	13,947.	0.			HEALTH IMPACT ASSESSMENT PROJECT
FOUNDATION FOR HEALTHY COMMUNITIES 125 AIRPORT ROAD CONCORD, NH 03301	02-0275078	501(C)(3)	8,951.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA DEPT OF PUBLIC HEALTH 2 PEACHTREE ST., NW, 15TH FLOOR ATLANTA, GA 30303-3142	90-0676388	115	111,131.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
HEALTH RESEARCH INC. 150 BROADWAY, SUITE 650 MENANDS, NY 12204	14-1402155	501(C)(3)	89,048.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
ICF-MACRO, INC. P.O. BOX 536259 PITTSBURGH, PA 15253-5904	52-0955232	501(C)(3)	153,539.	0.			DEVELOPMENT OF A MEASUREMENT FRAMEWORK TO DEMONSTRATE THE IMPACT OF THE PHHS BLOCK GRANT
ILLINOIS DEPARTMENT OF PUBLIC HEALTH - 525 WEST JEFFERSON STREET, 1ST FLOOR - SPRINGFIELD, IL 62761	01-0632628	115	63,624.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION
INT'L SOCIETY FOR DISEASE SURVEILLANCE - 136 HARRISON AVENUE - BOSTON, MA 02111	20-3805298	501(C)(3)	197,479.	0.			BIOSENSE 2.0
KANSAS DEPT. OF HEALTH & ENVIRONMENT - 1000 SW JACKSON, SUITE 450 - TOPEKA, KS 66612	48-6029925	115	68,332.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
MARYLAND HMH OFFICE OF CDPC 201 W PRESTON ST., SUITE 306 J BALTIMORE, MD 21201	52-6002033	115	50,000.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
MEDICAL SOCIETY OF DELAWARE 900 PRIDES CROSSING NEWARK, DE 19713	51-0061011	501(C)(3)	28,408.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH - P.O. BOX 30437 - LANSING, MI 48909	38-6000134	115	102,512.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA DEPARTMENT OF HEALTH P.O. BOX 64975 ST. PAUL, MN 55164-0975	41-6007162	115	45,862.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS - 2200 CENTURY PARKWAY, SUITE 250 - ATLANTA, GA 30345	73-1328414	501(C)(3)	15,000.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS - 1100 17TH STREET, NW, 7TH FLOOR - WASHINGTON, DC 20036	52-1426663	501(C)(3)	62,956.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL CONFERENCE OF STATE LEGISLATURES - 7700 E. FIRST PLACE - DENVER, CO 80230	84-0772595	501(C)(3)	181,126.	0.			DEVELOPMENT AND EXECUTION OF STATE WINNABLE BATTLE PLANS
NATIONAL FORUM FOR HEART DISEASE & STROKE PREVENTION - 1150 CONNECTICUT AVE., NW, SUITE 300 - WASHINGTON, DC 20036	27-2257461	501(C)(3)	45,000.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
NATIONAL GOVERNORS ASSOCIATION 444 N. CAPITOL STREET, NW, SUITE 26 WASHINGTON, DC 20001-1512	23-7391796	501(C)(3)	137,655.	0.			STATE HEALTH LEADERSHIP INITIATIVE
NATIONAL HISPANIC MEDICAL ASSOC 1920 L STREET NW, SUITE 725 WASHINGTON, DC 20036	52-1884446	501(C)(3)	70,000.	0.			VULNERABLE POPULATIONS PLANNING: MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR
NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY, INC. - 30 WINTER STREET, 6TH FLOOR - BOSTON, MA 02108-4720	01-0647374	501(C)(3)	15,000.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
NEW MEXICO BREASTFEEDING TASK FORCE - 1618 HARVARD DRIVE NE - ALBUQUERQUE, NM 87106	85-0404814	501(C)(3)	15,000.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH DAKOTA DEPT OF HEALTH 600 E BOULEVARD AVE, DEPT 301 BISMARCK, ND 58505	45-0309764	115	137,060.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION
OKLAHOMA STATE DEPARTMENT OF HEALTH - 1000 NE 10TH STREET, ROOM 206 - OKLAHOMA CITY, OK 73117	73-6017987	115	48,112.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
PACIFIC ISLAND HEALTH OFFICERS ASSN - 737 BISHOP STREET, SUITE 2075, MAUKA TOWER - HONOLULU, HI 96813	20-0298040	501(C)(3)	692,774.	0.			ASTHO PRIORITIES TERRITORIES AND HEALTH INFORMATION SYSTEMS STRENGTHENING IN THE
PRESIDENT & FELLOWS OF HARVARD COLLEGE - PO BOX 415649 - BOSTON, MA 02241-5649	04-2103580	501(C)(3)	744,345.	0.			STATE HEALTH LEADERSHIP INITIATIVE
PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	252,158.	0.			NATIONAL LEADERSHIP ACADEMY FOR PUBLIC HEALTH (NLAPH)
RESEARCH AND EDUCATIONAL FOUNDATION - 155 E BROAD STREET, SUITE 301 - COLUMBUS, OH 43215	31-4270340	501(C)(3)	14,915.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
SOUTHEASTERN LA AHEC 1302 J W. DAVIS DR. HAMMOND, LA 70403	72-1155014	501(C)(3)	29,998.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
CONNECTICUT DEPT OF PUBLIC HEALTH P.O. BOX 340308 HARTFORD, CT 06134-0308	06-6000798	115	34,966.	0.			BUILDING CAPACITY IN MATERNAL AND CHILD HEALTH PROGRAMS AND POLICIES
UNIVERSITY OF MASSACHUSETTS 600 SUFFOLK ST., WANNALANCIT 2ND FL LOWELL, MA 01854	04-3167352	115	392,142.	0.			DEVELOPING ENHANCED VISUALIZATION AND ANALYSIS CAPABILITY FOR PH DATA MANAGEMENT AND

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**ASSOCIATION OF STATE AND TERRITORIAL
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE ROAD, ROOM 109C DURHAM, NH 03824	02-6000937	115	49,987.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
UNIVERSITY OF PITTSBURGH P. O BOX 371220 PITTSBURGH, PA 15251-7220	25-0965591	115	80,913.	0.			DEVELOPING REAL TIME STRATEGIES FOR IMPLEMENTING PUBLIC HEALTH LAW INTERVENTIONS
VERMONT DEPARTMENT OF HEALTH 108 CHERRY STREET, BUSINESS OFFICE BURLINGTON, VT 05401	03-6000264	115	64,026.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION
VIRGINIA DEPARTMENT OF HEALTH 109 GOVERNOR ST, 7TH FLOOR RICHMOND, VA 23219	54-6001775	115	126,581.	0.			MILLION HEARTS - STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT
WEST VIRGINIA DEPARTMENT OF HEALTH 350 CAPITOL STREET, ROOM 2016 CHARLESTON, WV 25301	55-6000810	115	15,000.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
WOLTERS KLUWER HEALTH, INC. 16705 COLLECTION CENTER DRIVE CHICAGO, IL 60693	13-2932696	501(C)(3)	19,250.	0.			TO ESTABLISH A PARTNERSHIP TO DEVELOP A SEMINAL SUPPLEMENT ON HEALTH EQUITY WITH THE
WYOMING DEPARTMENT OF HEALTH 6101 YELLOWSTONE RD, SUITE 420 CHEYENNE, WY 82002	83-0208667	115	5,200.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

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

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

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: AMERICAN COLLEGE OF NURSE-MIDWIVES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: VULNERABLE POPULATIONS PLANNING:
MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST
VULNERABLE POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT:
AMERICAN COLLEGE OBSTETRICIANS GYNECOLOGISTS

(H) PURPOSE OF GRANT OR ASSISTANCE: VULNERABLE POPULATIONS PLANNING:
MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST
VULNERABLE POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT:
ASSOCIATION OF AMERICAN INDIAN PHYSICIANS

(H) PURPOSE OF GRANT OR ASSISTANCE: VULNERABLE POPULATIONS PLANNING:
MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST
VULNERABLE POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT: DISTRICT OF COLUMBIA DEPT OF HEALTH
(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH AGENCY
CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION HEARTS
-STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS DEPARTMENT OF PUBLIC HEALTH
(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING STATE HEALTH AGENCY
CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION HEARTS -
STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL HISPANIC MEDICAL ASSOC
(H) PURPOSE OF GRANT OR ASSISTANCE: VULNERABLE POPULATIONS PLANNING:

Part IV Supplemental Information

MITIGATING THE IMPACT OF SEASONAL & PANDEMIC INFLUENZA ON OUR MOST
VULNERABLE POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT: NORTH DAKOTA DEPT OF HEALTH

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

CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION HEARTS -
STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC ISLAND HEALTH OFFICERS ASSN

(H) PURPOSE OF GRANT OR ASSISTANCE: ASTHO PRIORITIES TERRITORIES AND
HEALTH INFORMATION SYSTEMS STRENGTHENING IN THE USAPI

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MASSACHUSETTS

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING ENHANCED VISUALIZATION
AND ANALYSIS CAPABILITY FOR PH DATA MANAGEMENT AND ANALYSIS VIA THE CDC
PLATFORM AND BRFSS ON THE CLOUD

NAME OF ORGANIZATION OR GOVERNMENT: VERMONT DEPARTMENT OF HEALTH

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

CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT AND MILLION HEARTS -
STATE AND LOCAL HYPERTENSION FOCUSED MODEL DEVELOPMENT

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A PARTNERSHIP TO
DEVELOP A SEMINAL SUPPLEMENT ON HEALTH EQUITY WITH THE JOURNAL OF PUBLIC
HEALTH MANAGEMENT AND PRACTICE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2014

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

4 During the year, did any person listed in 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2014

**ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS**

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

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

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

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

ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

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:

EXPLANATION: THE FOLLOWING INDIVIDUALS RECEIVED NON-FIXED PAYMENTS

(BONUSES) DURING THE YEAR:

PAUL E. JARRIS - \$39,365

JAMES S. BLUMENSTOCK - \$36,632

SHARON MOFFATT - \$34,728

LISA WADDELL - \$2,354

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

Employer identification number
35-1044487

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

POLICY AND EXCELLENCE IN STATE AND TERRITORY-BASED PUBLIC HEALTH

PRACTICE TO HELP MEMBERS DRAMATICALLY IMPROVE HEALTH AND WELLNESS.

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

COMMUNITY HEALTH AND DISEASE PREVENTION

MEETING WITH THE SENATE HEALTH, EDUCATION, LABOR & PENSIONS (HELP)

COMMITTEE: ASTHO FEDERAL GOVERNMENT RELATIONS STAFF, ALONG WITH PAUL

JARRIS AND SHARON MOFFAT, MET WITH MEMBERS OF THE HELP COMMITTEE TO

DISCUSS ONGOING EFFORTS AROUND ASTHO'S 2015 PRESIDENT'S CHALLENGE, AS

WELL AS ASTHO'S PRESCRIPTION DRUG ABUSE EFFORTS. THE COMMITTEE WAS

INTERESTED IN HEARING MORE ABOUT THE HEALTHY AGING CHALLENGE, AS WELL

AS WHAT STATES ARE DOING TO CURB THE PRESCRIPTION DRUG ABUSE EPIDEMIC.

ASTHO WILL CONTINUE TO COMMUNICATE WITH THE HELP COMMITTEE AND WILL

WORK WITH COMMITTEE MEMBERS SHOULD THEY BEGIN WRITING LEGISLATION ON

EITHER OF THESE AREAS.

CONGRESSIONAL BRIEFING ON HEALTHY AGING: ON JUNE 16, JEWEL MULLEN (CT)

HEADLINED AND MODERATED A CONGRESSIONAL BRIEFING ENTITLED, "LIVING

LONGER BETTER: THE ROLES OF PUBLIC HEALTH AND PREVENTION IN HEALTHY

AGING." THE BRIEFING COMPLEMENTED THE 2015 ASTHO PRESIDENT'S CHALLENGE,

WHICH AIMS TO PROMOTE THE HEALTH OF OLDER ADULTS BY COLLABORATING

ACROSS ALL SECTORS IN OUR STATES AND COMMUNITIES. WAYNE GILES,

DIRECTOR, DIVISION OF POPULATION HEALTH, NATIONAL CENTER FOR CHRONIC

DISEASE PREVENTION AND HEALTH PROMOTION, CENTERS FOR DISEASE CONTROL

AND PREVENTION; JANA LYNOTT, SENIOR STRATEGIC POLICY ADVISOR, AARP; AND

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**JAMES BULOT, DIRECTOR, GEORGIA DIVISION OF AGING SERVICES AND NASUAD
BOARD PRESIDENT ALSO PRESENTED.**

**TOBACCO-MEDICAID ADMINISTRATIVE MOUS: ASTHO RELEASED A MEDICAID MATCH
FOR STATE TOBACCO CESSATION QUITLINES FACT SHEET IN AUGUST HIGHLIGHTING
THE CENTERS FOR MEDICARE AND MEDICAID SERVICES INITIATIVES TO REDUCE
TOBACCO USE. THIS FACT SHEET DETAILS HOW STATES MAY CLAIM TOBACCO
CESSATION QUITLINE EXPENDITURES AS A MEDICAID ADMINISTRATIVE COST AND
RECEIVE A 50 PERCENT ADMINISTRATIVE MATCH RATE FOR SERVICES PROVIDED TO
MEDICAID BENEFICIARIES, AS WELL AS CURRENT STATE STATUS, BARRIERS TO
IMPLEMENTATION, AND RECOMMENDATIONS.**

**PAPER ON PARTNERING WITH MEDICAID AND MEDICARE TO IMPROVE HEALTH
OUTCOMES PUBLISHED: ON JULY 13, THE DE BEAUMONT FOUNDATION AND DUKE
UNIVERSITY SCHOOL OF MEDICINE PUBLISHED "THE PRACTICAL PLAYBOOK: PUBLIC
HEALTH AND PRIMARY CARE TOGETHER." MONICA VALDES LUPI, CHIEF PROGRAM
OFFICER FOR HEALTH SYSTEMS TRANSFORMATION, AND SHARON MOFFAT, CHIEF
PROGRAM OFFICER FOR HEALTH PROMOTION AND DISEASE PREVENTION,
CO-AUTHORED A CHAPTER ON PARTNERING WITH MEDICAID, MEDICARE, PUBLIC
HEALTH AND PRIMARY CARE TO IMPROVE HEALTH OUTCOMES. THIS PUBLICATION IS
A PRACTICAL MANUAL FOR INTEGRATING PUBLIC HEALTH AND PRIMARY CARE; IT
INCLUDES CASE STUDIES, RECOMMENDATIONS, AND LINKS TO DATA FROM A
DIVERSITY OF SETTINGS TO MAXIMIZE UTILITY AND RELEVANCE. THE CHAPTER
PROVIDES CLEAR GUIDANCE FOR CLINICIANS ON HOW TO FIND AND WORK
EFFECTIVELY WITH COMMUNITY PARTNERS AND GIVES ADVICE TO PUBLIC HEALTH
PRACTITIONERS ON HOW TO FIND KEY CLINICAL LEADERS AND WORK EFFECTIVELY
WITH CLINICAL GROUPS.**

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TEMPLATE MOU FOR IMMUNIZATION INFORMATION SYSTEM (IIS) INTERSTATE DATA

SHARING: IN AUGUST 2014, ASTHO BROUGHT TOGETHER A GROUP OF STATE STAKEHOLDERS FROM MN, MI, CO, ID, AND ND TO DISCUSS BARRIERS AND IDENTIFY POTENTIAL SOLUTIONS FOR MULTISTATE IIS INTERSTATE DATA SHARING. PARTICIPANTS IDENTIFIED SEVERAL NEXT STEPS, WHICH INCLUDED DEVELOPING A TEMPLATE MEMORANDUM OF UNDERSTANDING (MOU), ESTABLISHING A GOVERNANCE STRUCTURE TO SET FORTH POLICY STANDARDS, AND IDENTIFYING ADDITIONAL STATES THAT WOULD PARTICIPATE WITH IIS INTERSTATE DATA EXCHANGE. AS A RESULT OF THIS MEETING, ASTHO COLLABORATED WITH THE NETWORK FOR PUBLIC HEALTH LAW TO DEVELOP A TEMPLATE IIS INTERSTATE DATA SHARING MOU.

PRESIDENT'S HEALTHY AGING CHALLENGE: ASTHO, STATE HEALTH OFFICIALS, AND OUR PARTNERS CONTINUE TO SUPPORT ASTHO PRESIDENT JEWEL MULLEN'S (CT) 2015 ASTHO PRESIDENT'S CHALLENGE: HEALTHY AGING: LIVING LONGER BETTER. TO DATE, 39 STATES, TERRITORIES, AND FREELY ASSOCIATED STATES HAVE PLEDGED. ASTHO WORKED WITH FIVE STATE HEALTH AGENCIES - CT, GA, NM, OR, AND WY - THROUGH MAY 2015 TO IDENTIFY HEALTHY AGING GAPS AND NEEDS TO INFORM FUTURE ACTIONS AND DISSEMINATE BEST PRACTICES. ADDITIONALLY, IN JULY 2015, JEWEL MULLEN ATTENDED THE WHITE HOUSE CONFERENCE ON AGING AT THE WHITE HOUSE. THIS CONFERENCE HAS BEEN HELD EACH DECADE SINCE THE 1960S; ITS PURPOSE IS TO IDENTIFY AND ADVANCE ACTIONS TO IMPROVE THE QUALITY OF LIFE OF OLDER AMERICANS. THEN IN JULY 2015, ASTHO PARTNERED WITH THE HHS OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION (ODPHP) AND THE NATIONAL ASSOCIATION OF STATES UNITED FOR AGING AND DISABILITIES (NASUAD) TO PLAN A STATE HEALTHY AGING WORKSHOP. THIS WORKSHOP IMMEDIATELY FOLLOWED THE 2015 HEALTHY AGING SUMMIT, WHICH WAS JUNE 27-28, AND PROVIDED AN OPPORTUNITY FOR STATE HEALTH OFFICIALS AND

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HHS STATE AGING OFFICIALS TO USE LESSONS FROM THE SUMMIT TO IDENTIFY PRIORITIES FOR PROMOTING HEALTHY AGING IN THEIR STATES. STATE HEALTH OFFICIALS FROM ALASKA, COLORADO, CONNECTICUT, GEORGIA, IDAHO, LOUISIANA, MISSOURI, NEW MEXICO, AND OREGON ATTENDED THE WORKSHOP.

ASTHO CONTINUES TO FOCUS ON PREVENTION AND TREATMENT OF PRESCRIPTION DRUG ABUSE: ASTHO RELEASED PRESCRIPTION DRUG PROFILES FOR 48 STATES, TWO U.S. TERRITORIES (GUAM AND CNMI), AND ONE FREELY ASSOCIATED STATE (PALAU) TO PROVIDE AN UNDERSTANDING OF THE CURRENT ENVIRONMENT OF STATE ACTIVITIES TO ADDRESS PRESCRIPTION DRUG ABUSE. THE PROFILES ARE BASED ON DATA FROM A 2014 MEMBER SURVEY THAT ASKED ABOUT ACTIVITIES IN FIVE CORE AREAS: PREVENTION STRATEGIES; SURVEILLANCE AND MONITORING; ENFORCEMENT; TREATMENT AND RECOVERY; AND NEONATAL ABSTINENCE SYNDROME. A COLUMN WAS ADDED TO THE PROFILES SHOWING THE TOTAL SUM OF ALL STATES THAT PROVIDED A "YES" RESPONSE FOR EACH QUESTION. THIS COUNT PROVIDES AN ESTIMATE OF ACTIVITIES OCCURRING NATIONWIDE AND IS INTENDED TO ILLUSTRATE AREAS WHERE THE DATA SUGGEST THERE MAY BE UNIFORM TRENDS OF ACTION.

ASTHO AND NASADAD WERE INVITED TO PARTNER WITH THE HHS ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE) ON A SEPTEMBER 2015 MEETING, "ADVANCING POLICY AND PRACTICE: A 50-STATE CONVENING TO PREVENT OPIOID OVERDOSE AND ADDICTION." THE FOCUS OF THE MEETING WAS ON SAFE AND APPROPRIATE PRESCRIBING, NALOXONE, AND MEDICATION ASSISTED TREATMENT (MAT).

ASTHO IS CONTINUING TO MONITOR ISSUES CONCERNING NEONATAL ABSTINENCE SYNDROME (NAS) AND OPIOID USE DURING PREGNANCY. ASTHO DEVELOPED HOW

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STATE HEALTH DEPARTMENTS CAN USE THE SPECTRUM OF PREVENTION TO ADDRESS NAS, A REPORT WITH CASE EXAMPLES AND A SUGGESTED FRAMEWORK FOR STATES TO CONSIDER WHEN PLANNING FOR EFFORTS AIMED AT ADDRESSING NAS.

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT: IN ITS FIRST YEAR OF WORK IN COLLABORATION WITH CDC-OSTLTS ON THE PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT, ASTHO ENSURED THE COMPLETION OF AN EVALUABILITY ASSESSMENT BY ITS CONTRACTOR ICF. THEN IN APRIL 2015, ASTHO AND CDC HOSTED A MEETING TO DISCUSS THE ASSESSMENT RESULTS AND DETERMINE METHODS TO SUCCESSFULLY DEMONSTRATE THE GRANT'S VALUE AND IMPACT. PARTICIPANTS - INCLUDING STATE HEALTH OFFICIALS AND AFFILIATE ORGANIZATIONS - PROVIDED FEEDBACK ON CDC'S PROPOSED EVALUATION APPROACHES. STATE HEALTH OFFICIALS IN ATTENDANCE INCLUDED TERRY CLINE (OK), BRENDA FITZGERALD (GA), JT LANE (LA) AND DAVID PATTON (UT). PROGRAM FLEXIBILITY WAS HIGHLIGHTED IN PARTICIPANT FEEDBACK.

EXTENDING LESSONS LEARNED FROM THE EVALUABILITY ASSESSMENT AND THE MEETING, ASTHO WILL CONTINUE TO PARTNER WITH CDC AND ICF TO INFORM AN ADDITIONAL EVALUATION STUDY, NEEDED TO ADVANCE THE EVALUATION PLAN AND MEASURES FOR DEMONSTRATING THE IMPACT OF THE GRANT.

ASTHO ENGAGES IN ADVERSE CHILDHOOD EXPERIENCES AND CHILD SAFETY WORK: ASTHO DELIVERED THE ESSENTIALS FOR CHILDHOOD WEBINAR SERIES AND DRAFTED A POLICY GUIDE THAT PROVIDES AN OVERVIEW OF POLICY APPROACHES THAT HAVE BEEN ASSOCIATED WITH REDUCTIONS IN CHILD MALTREATMENT. IN ADDITION, HRSA'S MATERNAL AND CHILD HEALTH BUREAU (MCHB), IN COOPERATION WITH THE CHILDREN'S SAFETY NETWORK PROGRAM, IS LAUNCHING A CHILD SAFETY COLLABORATIVE INNOVATION AND IMPROVEMENT NETWORK (COIIN) AND A NATIONAL

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COORDINATED CHILD SAFETY INITIATIVE WITH THE GOAL OF REDUCING
FATALITIES AND HOSPITALIZATIONS FROM PREVENTABLE INJURIES AMONG
INFANTS, CHILDREN, AND ADOLESCENTS BY OVER 100,000 OVER THE NEXT THREE
YEARS. APPROXIMATELY 15 STATES, TERRITORIES, AND TRIBAL COMMUNITIES
WILL BE SELECTED FOR THE CHILD SAFETY COIIN, TO TEST AND SCALE-UP
EVIDENCE BASED CHILD SAFETY STRATEGIES. ASTHO'S DIRECTOR OF INJURY
PREVENTION WILL SERVE ON THE NATIONAL STEERING COMMITTEE TO THE CHILD
SAFETY INITIATIVE, WHICH WILL PROVIDE GUIDANCE TO THE COIIN AND WILL
COMMUNICATE ACCOMPLISHMENTS OF THE INITIATIVE TO A BROAD NATIONAL
AUDIENCE TO INCLUDE PUBLIC HEALTH PROFESSIONALS, POLICYMAKERS, FUNDERS,
AND FAMILIES.

FORM 990, PART III, LINE 4A (CONT.)

TOBACCO PREVENTION AND CONTROL: ASTHO AND NACCHO CONTINUED THEIR JOINT
WEBINAR SERIES ON EMERGING ISSUES IN TOBACCO BY ENGAGING PARTICIPANTS
ON TOPICS SUCH AS USING ELECTRONIC HEALTH RECORDS TO SUPPORT TOBACCO
CESSATION AND MILLION HEARTS, AND MESSAGING ON E-CIGARETTES AIMED AT
WOMEN AND YOUTH. THE ASTHO E-CIGARETTE WORKGROUP HAS DISCUSSED
E-CIGARETTE TAXATION, YOUTH ACCESS AND DEFINITIONS OF E-CIGARETTES, AND
E-CIGARETTE PACKAGING DURING ITS BIMONTHLY CALLS. THE ASTHO TOBACCO
ISSUES FORUM, CHAIRED BY ED EHLINGER (MN), EXPANDED ITS ROSTER TO
INCLUDE THE ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS AND
DISCUSSED TOPICS SUCH AS RAISING THE MINIMUM AGE TO 21, THE CDC 2015
TIPS CAMPAIGN, AND THE TRANS-PACIFIC PARTNERSHIP AGREEMENT . ASTHO
SIGNED ON TO COMMENT LETTERS ON A VARIETY OF TOBACCO TOPICS INCLUDING
THE TOBACCO CONTROL ACT, DEEMING RULE ON E-CIGARETTES, AND
COMPREHENSIVE CESSATION COVERAGE. IN ADDITION, ASTHO PROVIDES STAFF
SUPPORT TO THE TOBACCO CONTROL NETWORK (TCN). THE TCN EXECUTIVE

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**LEADERSHIP TEAM MET IN-PERSON IN MARCH TO DISCUSS THE STRATEGIC
DIRECTION OF TCN. IN JUNE, ASTHO ASSISTED WITH THE LAUNCH OF A NEW
WEBSITE FOR THE TCN.**

**ADDRESSING INFANT MORTALITY AND PRETERM BIRTHS: ASTHO PARTNERED WITH
THE NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY (NICHQ) TO SUPPORT
HRSA'S COLLABORATIVE IMPROVEMENT AND INNOVATION NETWORK (COIN) TO
REDUCE INFANT MORTALITY NATIONAL ROLLOUT. ASTHO SUPPORTED THE SECOND
IN-PERSON LEARNING SESSION OF THE NATIONAL ROLLOUT IN BOSTON IN JULY
2015 BY FACILITATING AND MODERATING SESSIONS AND PROVIDING TECHNICAL
ASSISTANCE TO STATES. ALMOST 400 PEOPLE ATTENDED THE CONFERENCE,
INCLUDING REPRESENTATIVES FROM 49 STATES. NATIONAL MATERNAL AND CHILD
HEALTH EXPERTS FROM ORGANIZATIONS SUCH AS THE MARCH OF DIMES, THE
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS, CITYMATCH, AND THE
MATERNAL AND CHILD HEALTH BUREAU WERE ALSO IN ATTENDANCE. ASTHO'S
INCOMING PRESIDENT, EDWARD EHLINGER (MN), DELIVERED A PRESENTATION ON
HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH TO CLOSE OUT THE
LEARNING SESSION IN BOSTON. OBSERVABLE WINS FROM THE CONFERENCE
INCLUDED ENTHUSIASTIC PARTICIPATION OF ATTENDEES, STATE-TO-STATE
NETWORKING, AND RESOURCE SHARING AMONG PROJECT PARTNERS AND ATTENDEES.
THROUGHOUT THE PROJECT, ASTHO HAS SERVED AS THE LEAD TECHNICAL
ASSISTANCE ORGANIZATION FOR THE PRE- AND INTERCONCEPTION CARE AND
REGIONALIZED SYSTEMS OF CARE (PERINATAL REGIONALIZATION) LEARNING
NETWORKS. ASTHO STAFF HAVE SHARED STATE BEST PRACTICES ON MULTIPLE
COIN WEBINARS AND ARE ACTIVE PARTICIPANTS IN WEEKLY CALLS WITH NICHQ
AND PROJECT PARTNERS TO HELP GUIDE THE STRATEGY OF THE PROJECT.**

HEALTHY BABIES SUBCOMMITTEE: THE HEALTHY BABIES SUBCOMMITTEE CONTINUES

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TO CONVENE AND DISCUSS ISSUES AFFECTING MATERNAL AND BIRTH OUTCOMES.

TOPICS HAVE INCLUDED 17P ACCESS AND AVAILABILITY, REDUCING EARLY

ELECTIVE DELIVERIES, AND PREVENTING PRIMARY C-SECTIONS. SUBCOMMITTEE

DISCUSSIONS RESULTED IN AN ISSUE BRIEF ON STATE BEST PRACTICES ON

REDUCING EARLY ELECTIVE DELIVERIES, AN UPDATED 17P FACTSHEET AND A 17P

ISSUE BRIEF THAT WILL BE RELEASED IN THE FALL OF 2015. IN JULY 2015,

KARYL RATTAY (DE) BECAME CHAIR OF THE HEALTHY BABIES SUBCOMMITTEE.

ASTHO STAFF MET WITH RATTAY, BOTH IN-PERSON AND VIA TELECONFERENCE, TO

DISCUSS POSSIBLE FUTURE FOCUS AREAS FOR THE SUBCOMMITTEE, RESULTING IN

A NEW FRAMEWORK OF MATERNAL AND CHILD HEALTH TOPICS THAT THE

SUBCOMMITTEE WILL CONSIDER WHEN DECIDING ON FUTURE FOCUS AREAS. THE

FRAMEWORK INCLUDES A FOCUS ON LEVERAGING ASTHO'S MATERNAL AND CHILD

HEALTH PORTFOLIO TO SUPPORT INCOMING ASTHO PRESIDENT ED EHLINGER'S (MN)

CHALLENGE ON HEALTH IN ALL POLICIES AND ACHIEVING HEALTH EQUITY. THE

SUBCOMMITTEE MET ON AUGUST 7 AND WILL FINALIZE THE FRAMEWORK IN THE

FALL.

LONG ACTING REVERSIBLE CONTRACEPTION (LARC) LEARNING COMMUNITY: ASTHO

CONTINUES TO SUPPORT A LEARNING COMMUNITY ON LONG-ACTING REVERSIBLE

CONTRACEPTION (LARC) DURING THE IMMEDIATE POSTPARTUM PERIOD. THROUGHOUT

THE FIRST YEAR OF THE PROJECT, ASTHO HELD FIVE VIRTUAL LEARNING

SESSIONS WITH THE FIRST COHORT OF STATES (CO, GA, IA, MA, NM, AND SC).

TOPICS FOR THE VIRTUAL LEARNING SESSIONS WERE IDENTIFIED THROUGH KEY

INFORMANT INTERVIEWS HELD PRIOR TO THE START OF THE PROJECT AND

INCLUDED: PROVIDER TRAINING, SUSTAINABILITY AND PAY STREAMS, CONSENT

AND COERCION, AND STOCKING AND SUPPLY. IN AUGUST 2015, ASTHO RELEASED A

REQUEST FOR LETTERS OF INTENT FOR STATES TO PARTICIPATE IN THE SECOND

COHORT OF THE LEARNING COMMUNITY. KEY INFORMANT INTERVIEWS WILL BE HELD

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WITH THE TWO SELECTED STATES, AND A SECOND IN-PERSON MEETING WILL BE HELD IN OCTOBER 2015. STATES FROM COHORT ONE WILL SHARE IDEAS AND BEST PRACTICES WITH STATES IN COHORT TWO DURING THIS MEETING AND THROUGHOUT THE SECOND YEAR OF THE PROJECT.

BREASTFEEDING LEARNING COMMUNITY: SINCE OCTOBER 2014, ASTHO, WITH SUPPORT FROM CDC'S DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY (DNPAO), HAS FACILITATED A STATE LEARNING COMMUNITY WITH 17 STATES AND WASHINGTON, D.C. TO ENHANCE STATE HEALTH AGENCIES' CAPACITY FOR IMPROVING BREASTFEEDING-FRIENDLY ENVIRONMENTS THROUGH THREE KEY INTERVENTIONS: INCREASING BREASTFEEDING-FRIENDLY HOSPITAL MATERNITY PRACTICES, IMPROVING PEER AND PROFESSIONAL BREASTFEEDING SUPPORT, AND ENSURING WORKPLACE COMPLIANCE WITH THE FEDERAL LACTATION LAW. ASTHO CONVENED PARTICIPATING STATES ON FOUR LEARNING SESSIONS TO FACILITATE STATE-TO-STATE LEARNING, SHARE RESOURCES, AND ADDRESS TECHNICAL ASSISTANCE REQUESTS. ASTHO LAUNCHED A WEBSITE WITH A MAP OF STATE BREASTFEEDING INITIATIVES AND CONDUCTED KEY INFORMANT INTERVIEWS WITH 10 STATES AND THE STATE BREASTFEEDING COALITIONS TO SHARE SUCCESSES AND LESSONS LEARNED FROM THE PROJECT.

MILLION HEARTS LEARNING COMMUNITY TO IMPROVE HYPERTENSION CONTROL: ASTHO CONTINUED TO WORK WITH THE YEAR-ONE STATES (AL, DC, IL, MD, MN, NH, NY, OK, AND VT), SIX NEW YEAR-TWO STATES (AR, GA, KS, MI, ND, AND VA), AND PALAU PARTICIPATING IN THE ASTHO MILLION HEARTS STATE LEARNING COLLABORATIVE. ASTHO CONVENED THE YEAR-ONE STATES VIRTUALLY TO SHARE PROGRESS TO DATE AND WORK ON SPREADING AND SUSTAINING SUCCESSES. ASTHO ALSO CONTINUES TO HOST TECHNICAL ASSISTANCE CALLS ON TOPICS SUCH AS MEDICATION ADHERENCE, DATA, AND STANDARDIZING PROTOCOLS FOR NEW AND

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CONTINUING STATES. ASTHO LAUNCHED A NEW ONLINE TOOLBOX, MILLION HEARTS TOOLS FOR CHANGE, WITH TOOLS AND RESOURCES FOR CREATING SYSTEMS FOR IMPROVED IDENTIFICATION AND TREATMENT OF HYPERTENSION.

ASTHO HOSTS ACCREDITATION WEBINAR SERIES FOR TRIBAL HEALTH SYSTEMS: WITH SUPPORT FROM THE OFFICE OF MINORITY HEALTH (OMH) -NATIONAL PARTNERSHIP FOR ACTION (NPA), ASTHO HOSTED TWO WEBINARS ON ACCREDITATION TARGETING TRIBAL PUBLIC HEALTH SYSTEMS. PRESENTERS FOR THE FIRST WEBINAR INCLUDED; 1) THE PUBLIC HEALTH ACCREDITATION BOARD (PHAB), 2) NATIONAL INDIAN HEALTH BOARD (NIHB), 3) FOREST COUNTY POTAWATOMI COMMUNITY, AND 4) ASTHO. THE PRESENTERS PROVIDED AN OVERVIEW OF THE ACCREDITATION PROCESS, PROVIDED A TRIBE'S PERSPECTIVE ON BENEFITS AND CHALLENGES OF APPLYING FOR ACCREDITATION, SHARED INFORMATION ABOUT RESOURCES AVAILABLE TO ASSIST TRIBES THAT ARE INTERESTED IN APPLYING FOR ACCREDITATION, AND ASTHO'S ROLE IN ACCREDITATION AND PARTNERSHIP WITH TRIBAL ENTITIES. THE SECOND WEBINAR IN THIS SERIES, "ACCREDITATION IMMERSION," WAS SCHEDULED FOR AUGUST 31.

SUPPORT OF NATIONAL PUBLIC HEALTH DEPARTMENT ACCREDITATION: ASTHO CONTINUES TO SUPPORT NATIONAL PUBLIC HEALTH DEPARTMENT ACCREDITATION THROUGH THE PUBLIC HEALTH ACCREDITATION BOARD (PHAB) AND PROVIDE TECHNICAL ASSISTANCE AND RESOURCES TO STATE HEALTH AGENCIES SEEKING ACCREDITATION. FOUR STATES - CA, DC, IL, AND NY - WERE ACCREDITED IN THE LAST 12 MONTHS, BRING THE TOTAL TO NINE STATES, WITH 22 MORE STATES ARE IN QUEUE FOR ACCREDITATION.

ASTHO CONTINUES TO WORK CLOSELY WITH NATIONAL PARTNERS TO COORDINATE STANDARDIZED TECHNICAL ASSISTANCE TO STATES AND TERRITORIES. SINCE

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SEPTEMBER 2014, ASTHO COMPLETED THIRTY-FIVE REQUESTS FOR TECHNICAL ASSISTANCE FOR AK, AZ, CNMI, CT, FSM, FL, GA, GU, ID, IL, IA, LA, MA, MS, MO, NJ, ND, OH, PW, PR, UT, AND WI. TECHNICAL ASSISTANCE HAS INCLUDED ACCREDITATION READINESS, DEVELOPMENT OF PHAB PREREQUISITES (STATE HEALTH ASSESSMENT, STATE HEALTH IMPROVEMENT PLAN AND STRATEGIC PLAN), DOCUMENT REVIEW FOR SUBMISSION TO PHAB, PERFORMANCE MANAGEMENT/QUALITY IMPROVEMENT, AND IMPLEMENTATION OF THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS.

ASTHO HAS DEVELOPED A COMPREHENSIVE COLLECTION OF TOOLS AND RESOURCES TO SUPPORT ADVANCEMENT IN ACCREDITATION PREPARATION, PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT, AND INCREASING PUBLIC HEALTH SYSTEMS ASSESSMENTS. ALL OF THE TOOLS AND RESOURCES CAN BE FOUND ON ASTHO'S ACCREDITATION AND PERFORMANCE RESOURCES AND TOOLS WEBPAGE. BASED ON MEMBER FEEDBACK, ASTHO CONTINUES TO ADD RESOURCES TO ITS CURRENT INVENTORY.

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

HEALTH SECURITY

STATE ENVIRONMENTAL HEALTH DIRECTORS (SEHDS): IN 2015, THE SEHD STEERING COMMITTEE IDENTIFIED PRIORITY AREAS THAT ALIGN WITH THE NCEH/ATSDR'S 2014-2016 STRATEGIC PLAN, TO GUIDE THE FIVE ACTIVE SEHD WORKGROUPS: 1) THE AFFORDABLE CARE ACT/INDOOR ENVIRONMENTAL QUALITY, 2) SAFE WATER, 3) FOOD SAFETY, 4) DATA/SURVEILLANCE/INFORMATION TECHNOLOGY, AND 5) TOXICS AND EMERGING ISSUES. IN ADDITION, THREE SEHD MEMBERS MADE IMPORTANT CONTRIBUTIONS TO ASTHO'S ENVIRONMENTAL HEALTH POLICY COMMITTEE, PROVIDING INPUT ON SEVERAL POSITION STATEMENTS AND

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REPRESENTED THE COMMITTEE ON THE JOINT COMMITTEE ON ONE HEALTH AND
EMERGING INFECTIOUS DISEASES.

THE SEHD ANNUAL MEETING HELD IN APRIL WAS VERY SUCCESSFUL. PATRICK
BREYSEE, DIRECTOR OF NCEH/ASTSDR, ATTENDED ALL THREE DAYS OF THE
MEETING. EPA ADMINISTRATOR GINA MCCARTHY DISCUSSED WAYS FOR STATES,
CDC, AND EPA TO COLLABORATE ON IMPORTANT ENVIRONMENTAL HEALTH ISSUES ON
TOPICS SUCH AS FRACKING, ENVIRONMENTAL PUBLIC HEALTH TRACKING, AND
ENVIRONMENTAL JUSTICE.

IN ADDITION, ASTHO FIELDS REQUESTS FOR TECHNICAL ASSISTANCE FROM THE
PEER NETWORK. RECENT REQUESTS INCLUDE INFORMATION ON FOOD SAFETY
PROTOCOLS IN CHILD CARE SETTINGS AND FOR BEST PRACTICES RELATED TO IT
SYSTEMS FOR MANAGING FOOD INSPECTION DATA.

DIRECTORS OF PUBLIC HEALTH PREPAREDNESS (DPHPS): THE DIRECTORS OF
PUBLIC HEALTH PREPAREDNESS (DPHP) CONTINUE TO PLAY AN INCREASINGLY
LARGE ROLE AS A CONSULTATIVE BODY TO THE ASTHO PREPAREDNESS POLICY
COMMITTEE, FEDERAL GOVERNMENT AND OTHER PARTNERS. THE DPHPS MADE
SIGNIFICANT CONTRIBUTIONS TO THE PHEP AND HPP IMPACTS PROJECT AND THE
EBOLA OUTBREAK RESPONSE AND IN-PROGRESS REVIEW CONDUCTED IN EARLY
AUGUST. MEMBERS OF THE DPHP PEER GROUP ARE ALSO BECOMING MORE ENGAGED
IN CROSS-CUTTING ISSUES WITH ASTHO'S ENVIRONMENTAL HEALTH AND
INFECTIOUS DISEASE PROGRAM TEAMS AND POLICY COMMITTEES ADDRESSING SUCH
TOPICS AS ONE HEALTH AND CLIMATE CHANGE. THEY ALSO SERVE ON COMMITTEES
WITH NATIONAL PARTNERS SUCH AS THE NGA AND NEMA.

ASTHO RECENTLY COMPLETED A NEW JOB AID, RESOURCES FOR DIRECTORS OF

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**PUBLIC HEALTH PREPAREDNESS. THIS DOCUMENT IS A USEFUL REFERENCE
PRINCIPALLY FOR DPHPS ON AN ARRAY OF IMPORTANT PREPAREDNESS-RELATED
TOPICS. THE GUIDE HIGHLIGHTS NATIONAL PREPAREDNESS EFFORTS, ASTHO
RESOURCES AND ACTIVITIES, AND SEVERAL METHODS OF INFORMATION SHARING IN
THIS CRITICAL AREA.**

**EBOLA RESPONSE: FOLLOWING THE AUGUST 2014 WORLD HEALTH ORGANIZATION
DECLARATION THAT THE WEST AFRICA EBOLA OUTBREAK REPRESENTED A PUBLIC
HEALTH EMERGENCY OF INTERNATIONAL CONCERN, ASTHO IMMEDIATELY MOBILIZED,
AND CONTINUES TO REMAIN SO, TO MAINTAIN AND PROVIDE SITUATIONAL
AWARENESS TO ITS MEMBERS, AFFILIATES, AND PARTNERS; ASSIST IN THE
DEVELOPMENT OF NATIONAL RESPONSE POLICY, STRATEGIES, AND TACTICS; AND
PROVIDE A FORUM FOR MEMBER-TO-MEMBER COMMUNICATIONS AND COORDINATION.
THROUGHOUT THE YEAR, ASTHO STAFF, WITH GUIDANCE FROM THE PREPAREDNESS
AND INFECTIOUS DISEASE POLICY COMMITTEES, WORKED DILIGENTLY TO HELP
MOUNT THE MOST EFFECTIVE DOMESTIC RESPONSE TO THIS CHALLENGING AND
UNPRECEDENTED PUBLIC HEALTH THREAT. EXAMPLES OF OUR ACTIVITIES AND
ACCOMPLISHMENTS INCLUDE:**

**IMMEDIATE ACTIVATION OF THE ASTHO INTERNAL INCIDENT RESPONSE PLAN AND
OUR EMERGENCY OPERATIONS CENTER UNDER THE DIRECTION OF OUR HEALTH
SECURITY TEAM.**

**ESTABLISHED AND MAINTAINED FORMAL LIAISON (LNO) WITH CDC'S EMERGENCY
OPERATIONS CENTER INCLUDING EMBEDDING ASTHO STAFF IN THE CDC EOC STATE
AND LOCAL TASK FORCE TEAM AND PARTICIPATION ON DAILY CDC SITUATION
BRIEFINGS.**

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ESTABLISHED A DEDICATED HOME PAGE ON OUR ASTHO WEBSITE FOR THE POSTING
AND SHARING OF RELEVANT MATERIALS FROM VARIOUS STATES (E.G. POLICIES,
PROCEDURES, PRESS RELEASES, ETC.).

PREPARED AND DISTRIBUTED TO MEMBERS AND PARTNERS APPROXIMATELY 40
INFORMATION ALERTS OR UPDATES THAT PROVIDED REAL-TIME SUMMARY
INFORMATION TARGETED TO STATE AND TERRITORIAL HEALTH OFFICIALS; THROUGH
INFOCENTER@ASTHO.ORG, PROCESSED, TRACKED, AND CLOSED-OUT APPROXIMATELY
50 TECHNICAL ASSISTANCE REQUESTS FROM MEMBERS.

LAUNCHED FIVE "RAPID QUERIES" OF OUR MEMBERS TO GATHER REAL-TIME
NATIONAL SNAPSHOTS OF EBOLA RESPONSE ACTIVITIES. THE DATA OBTAINED WAS
USED TO PROVIDE ACCURATE INFORMATION AND TECHNICAL ASSISTANCE TO
ASTHO'S MEMBERS AND PARTNERS (FEDERAL AND NONFEDERAL). OVER THE COURSE
OF THESE QUERIES, ASTHO ASKED A TOTAL OF 57 QUESTIONS PERTAINING TO 16
PRIORITY TOPIC AREAS INCLUDING STATUS OF ISC AND EOC ACTIVATION,
HEALTHCARE READINESS, PPE AVAILABILITY STATUS, AND THE CONDUCT OF
EXERCISES AND DRILLS.

HOSTED OR CO-SPONSORED MULTIPLE NATIONAL CALLS WITH STATE HEALTH
OFFICIALS, SENIOR DEPUTIES, AND PREPAREDNESS DIRECTORS AND OUR FEDERAL
PARTNERS (CDC AND ASPR) TO DISCUSS TIMELY EMERGING ISSUES REGARDING THE
STATUS OF THE OUTBREAK IN WEST AFRICA AND ITS IMPLICATIONS ON U.S.
DOMESTIC RESPONSE ACTIVITIES. THIS INCLUDED A FEATURED DISCUSSION AT
THE ASTHO WINTER MEETING IN DECEMBER.

WITH ASSISTANCE FROM NATIONALLY RECOGNIZED RISK COMMUNICATIONS EXPERTS,
DEVELOPED A COMPREHENSIVE SERIES OF "TOP QUESTIONS ON EBOLA" FOR USE TO

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HELP INFORM THE GENERAL PUBLIC, MEDIA, AND POLICY MAKERS.

**PROVIDED PREDECISION INPUT ON KEY DRAFT CDC PROCEDURES AND PROTOCOL
DOCUMENTS, SUCH AS AIRPORT SCREENING AND TRAVELER MONITORING AND
TRACKING, EMERGENCY MEDICAL SERVICES INTERSTATE AND INTRASTATE
TRANSPORT, AND EBOLA RESPONSE CONCEPT OF OPERATIONS.**

**MET SEVERAL TIMES WITH THE NATIONAL SECURITY COUNCIL STAFF TO BRIEF
THEM ON ONGOING STATE AND TERRITORIAL RESPONSE ISSUES AND ATTENDED A
WHITE HOUSE-SPONSORED MEETING ON EBOLA MEDICAL WASTE: SAFE HANDLING AND
DISPOSAL.**

**MET WITH STAFF OF THE SENATE HEALTH, EDUCATION, LABOR AND PENSIONS
COMMITTEE TO DISCUSS AND INFORM THEM OF ONGOING RESPONSE ACTIVITIES AND
RESOURCE NEEDS THAT EVENTUALLY LED TO A CONGRESSIONAL EMERGENCY
SUPPLEMENTAL APPROPRIATION.**

**ALONG WITH ASPR, CDC, THE AMERICAN HOSPITAL ASSOCIATION, AND THE
AMERICAN ASSOCIATION OF MEDICAL COLLEGES, PAUL JARRIS CO-FACILITATED A
NATIONAL PARTNERS MEETING ON HEALTHCARE PREPAREDNESS PLANNING FOR EBOLA
THAT EVENTUALLY HELPED, IN PART, SHAPE THE ASPR FUNDING OPPORTUNITY
ANNOUNCEMENT FOR THE CREATION AND IMPLEMENTATION OF THE THREE-TIERED
HEALTHCARE STRATEGY AND ESTABLISHMENT OF THE NETWORK OF REGIONAL
TREATMENT FACILITIES.**

**IN PARTNERSHIP WITH CSTE, JOINTLY DEVELOPED A LETTER TO THE WHITE HOUSE
NATIONAL SECURITY COUNCIL RECOMMENDING CHANGES TO THE TRAVELER
MONITORING PROGRAM ONCE LIBERIA REACHED THE CRITICAL MILESTONE OF BEING**

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DESIGNATED AS FREE OF EBOLA BY THE WHO.

PARTICIPATED IN A NUMBER OF NATIONAL MEETINGS AND WEBINARS TO DISCUSS
ASTHO MEMBERS' EXPERIENCES AND LESSONS LEARNED INCLUDING PRESENTATIONS
TO THE GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE AND THE UNIVERSITY OF
PENNSYLVANIA MEDICAL CENTER'S CENTER FOR HEALTH SECURITY EMERGING
LEADERS INITIATIVE.

ACTIVELY PARTICIPATED IN THE NATIONAL HOMELAND SECURITY CONSORTIUM'S
REVIEW THAT RESULTED IN THE DEVELOPMENT OF AN ISSUE PAPER ENTITLED "THE
RESPONSE TO EBOLA IN THE UNITED STATES: LESSONS LEARNED FROM A
MULTI-DISCIPLINE PERSPECTIVE."

UNDER OUR COOPERATIVE AGREEMENT WITH CDC, PLANNED AND CONDUCTED AN
EBOLA "IN-PROGRESS REVIEW" ON AUGUST 4-5 WHICH EXAMINED FOUR SPECIFIC
TRACKS: 1) ADMINISTRATIVE PREPAREDNESS (FINANCIAL AND LEGAL), 2) PUBLIC
HEALTH PREPAREDNESS SYSTEMS, 3) EPIDEMIOLOGY, INFECTION CONTROL, AND
LABORATORY SYSTEMS, AND 4) COMMUNICATIONS, IN ORDER TO IDENTIFY LESSONS
LEARNED, DEVELOP RECOMMENDATIONS FOR IMPROVEMENT, AND DESCRIBE
CROSS-OVER APPLICATIONS FOR FUTURE INFECTIOUS DISEASE THREATS. THE
REPORT OF FINDINGS AND RECOMMENDATIONS IS SLATED FOR COMPLETION BY LATE
FALL OR EARLY WINTER. BRENDA FITZGERALD (GA) AND KAREN MCKEOWN (WI)
PARTICIPATED IN THE MEETING.

FORM 990, PART III, LINE 4B (CONT.)

SUCCESSFULLY OBTAINED A NEW COOPERATIVE AGREEMENT AWARD FROM CDC
BEGINNING JULY 1 (\$1.5M) TO SUPPORT STATES AS THEY IMPLEMENT ENHANCED
INFECTION CONTROL THROUGH ELC EBOLA SUPPLEMENTAL FUNDING. THE FIRST

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MAJOR OBJECTIVE IS TO FACILITATE COORDINATION AT THE STATE LEVEL ON EBOLA-RELATED FUNDING. THIS WILL INCLUDE MAINTAINING SITUATIONAL AWARENESS; ALIGNING ASTHO WORK ON PREPAREDNESS AND INFECTIOUS DISEASE; ASSEMBLING AND CO-LEADING AN INFECTION CONTROL COUNCIL; AND CONVENING STATE-LEVEL LEADERS IN PUBLIC HEALTH, PREPAREDNESS, AND HEALTHCARE TO DEVELOP STRATEGIES AND DEFINE ROLES AND RESPONSIBILITIES. THE SECOND MAJOR OBJECTIVE IS TO ACCELERATE CAPACITY BUILDING AROUND HEALTHCARE INFECTION CONTROL ASSESSMENT AND OUTBREAK RESPONSE. THIS WILL INCLUDE ASSESSING STATE LEVEL CAPACITY, SHARING BEST PRACTICES, AND DISSEMINATING TOOLS SUCH AS THE ELECTRONIC HEALTH RECORD ACCESS TOOLKIT AND COMMUNICATIONS TOOLS TO IMPROVE PARTNERSHIPS BETWEEN PUBLIC HEALTH AND HEALTHCARE.

ANTIMICROBIAL RESISTANCE: UNDER THE DIRECTION OF OUR INFECTIOUS DISEASE POLICY COMMITTEE (IDPC) CO-CHAIRS TERRY DWELLE (ND) AND NATE SMITH (AR), ASTHO CONTINUED TO WORK WITH MEMBERS AND PARTNERS TO DEFINE AND PROMOTE THE STATE HEALTH AGENCY ROLE IN ADDRESSING ANTIMICROBIAL RESISTANCE ACROSS VARIOUS SETTINGS. THIS PAST FALL, ASTHO CONVENED STATE HEALTH OFFICIALS, STATE AGRICULTURAL OFFICIALS, AND CDC TO INCREASE UNDERSTANDING OF THE ISSUES REGARDING ANTIBIOTIC RESISTANCE IN HUMAN PATHOGENS AND ITS INTERSECTION WITH AGRICULTURE, AND EXPLORE OPPORTUNITIES FOR JOINT LEADERSHIP AND COLLABORATION AMONG PUBLIC HEALTH AND AGRICULTURAL OFFICIALS AT THE STATE LEVEL. ASTHO ALSO REVIEWED EXISTING NATIONAL RESOURCES, RECOMMENDATIONS, AND STATE EXAMPLES OF ACTIVITIES WITH HEALTHCARE SETTINGS; PARTICIPANTS ARTICULATED CONCRETE ACTION STEPS AND TACTICS THAT STATE HEALTH AGENCIES AND OTHER PARTNERS CAN USE TO ADDRESS ANTIMICROBIAL RESISTANCE.

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NATE SMITH (AR) REPRESENTED ASTHO AT THE WHITE HOUSE FORUM ON ANTIBIOTIC STEWARDSHIP HELD JUNE 2. IN RECOGNITION OF THE FORUM, ASTHO COMMITTED TO SUPPORTING THE STATE AND TERRITORIAL HEALTH AGENCY ROLE IN OPERATIONALIZING THE WHITE HOUSE'S FIVE-YEAR NATIONAL STRATEGY FOR COMBATING ANTIBIOTIC-RESISTANT BACTERIA. TO SUPPORT STATE STEWARDSHIP EFFORTS, ASTHO RELEASED A REPORT THAT DESCRIBES CURRENT STATE ACTIVITIES AND PRESENTS A RANGE OF OPPORTUNITIES FOR HEALTH AGENCIES TO DEVELOP OR ENHANCE STEWARDSHIP POLICIES AND ACTIVITIES.

HEPATITIS C - VIRAL HEPATITIS EPI PROFILES PILOT PROJECT AND UPDATING OF THE BIRTH COHORT TESTING COMMUNICATIONS TOOLKIT: ASTHO CONDUCTED A PILOT PROJECT TO BUILD CAPACITY IN THE DEVELOPMENT OF VIRAL HEPATITIS EPIDEMIOLOGIC PROFILES. THE PURPOSE OF THE PROFILES IS TO DOCUMENT, INTERPRET, AND CONTEXTUALIZE THE BURDEN OF THE EPIDEMIC AT THE STATE LEVEL, HEIGHTEN AWARENESS, AND GUIDE POLICIES FOR PREVENTION, CARE, AND PLANNING. THE THREE PARTICIPATING STATES (AR, OR, AND WI) ENGAGED STAKEHOLDERS, DEVELOPED PROFILES, AND BEGAN UTILIZATION. TO-DATE, STATES HAVE USED DATA FROM THEIR PROFILES TO INCREASE AND TARGET STATEWIDE HCV TESTING, GUIDE STATE-LEVEL POLICY RECOMMENDATIONS (E.G., MEDICAID TREATMENT COVERAGE, NALOXONE AVAILABILITY), AND EDUCATE PUBLIC HEALTH AND MEDICAL PROFESSIONALS. ASTHO AND CDC ARE SYNTHESIZING FINDINGS FROM THE PILOT FOR EXPANSION TO OTHER STATES.

ASTHO ALSO CONTINUED TO UPDATE AND PROMOTE THE WEB-BASED HEPATITIS C BIRTH COHORT TESTING COMMUNICATIONS TOOLKIT. THIS TOOLKIT IS A REPOSITORY OF GUIDELINES, RECOMMENDATIONS, PROVIDER AND PUBLIC EDUCATION TOOLS, AND INFORMATIONAL VIDEOS DESIGNED TO HELP HEALTH

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OFFICIALS COMMUNICATE ABOUT THE TESTING RECOMMENDATIONS. NEW RESOURCES
THIS YEAR INCLUDE TWO STATE "HAVE YOU SHARED?" STORIES AND SAMPLE
INNOVATIVE APPROACHES TO IMPLEMENTING THE RECOMMENDATIONS.

ONGOING PUBLIC HEALTH PREPAREDNESS ACTIVITIES - ASTHO'S PREPAREDNESS
TEAM CONTINUES TO SUPPORT MEMBER EFFORTS TO INCREASE READINESS FOR A
WIDE ARRAY OF PUBLIC HEALTH THREATS. THOSE WORTHY OF NOTE THIS YEAR
INCLUDE:

THE USE OF FLU ON CALL FOR POSSIBLE SEASONAL INFLUENZA ACTIVATION -
ASTHO CONTINUES TO PROVIDE LEADERSHIP AND SUPPORT TO THE CDC FLU ON
CALL PROJECT (THE USE OF POISON CONTROL CENTERS AND 2-1-1 CALL CENTERS
DURING AN INFLUENZA PANDEMIC). PLANNING FOR THE PROJECT NOW INCLUDES
CONSIDERATION FOR A POSSIBLE ACTIVATION DURING A SEVERE SEASONAL FLU
SEASON IN ADDITION TO A PANDEMIC ACTIVATION. TO ENHANCE THIS PLANNING,
ASTHO IS WORKING WITH THE FLU ON CALL PARTNERS FOR A PANDEMIC
ACTIVATION EXERCISE IN SEPTEMBER WITH 16 STATES AND A SEASONAL
DEMONSTRATION PROJECT IN JANUARY WITH THREE STATES. PUBLIC HEALTH WILL
HAVE A SIGNIFICANT ROLE IN THE "HOT WASH" EVALUATION OF THE EXERCISE TO
ASSESS FEASIBILITY AND INFORM THE FUTURE DEVELOPMENT OF PLANS FOR WIDE
SPREAD USE.

EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC) REQUESTS FOR INDIANA HIV
OUTBREAK RESPONSE - THE LARGESCALE RESPONSE TO THE HIV OUTBREAK IN
INDIANA DEMONSTRATED THE SUCCESS OF THE ENHANCED PARTNERSHIP BETWEEN
PUBLIC HEALTH AND EMERGENCY MANAGEMENT. REQUESTS FOR EPIDEMIOLOGICAL
SUPPORT WERE SEAMLESSLY PLACED AND FILLED THROUGH THE EMAC SYSTEM,
DEMONSTRATING ANOTHER REAL-WORLD APPLICATION OF THIS WELL-ESTABLISHED

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**STATE-TO-STATE MUTUAL AID SYSTEM FOR PUBLIC HEALTH EMERGENCIES BEYOND
NATURAL DISASTERS.**

**PHEP AND HPP IMPACTS PROJECT - ASTHO LED A JOINT EFFORT WITH CDC AND
ASPR TO VIGOROUSLY ASSESS AND COMMUNICATE THE IMPACTS OF BOTH THE CDC
PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) AND HHS HOSPITAL
PREPAREDNESS PROGRAM (HPP) COOPERATIVE AGREEMENTS ON STATE AND LOCAL
READINESS. A PROJECT KICKOFF MEETING WAS HELD IN EARLY SUMMER TO
DEVELOP KEY MESSAGES WHICH ARE CURRENTLY BEING REFINED. ASTHO WILL
RECONVENE STAKEHOLDERS AND PARTNER ORGANIZATIONS IN SEPTEMBER TO
DEVELOP COMMUNICATION STRATEGIES AND TOOLS.**

**ADVANCING PREPAREDNESS PARTNERSHIPS: SIGNIFICANT PROGRESS HAS BEEN
MADE THIS PAST YEAR IN FORGING RELATIONSHIPS AND STRENGTHENING
COMMUNICATION, COORDINATION, AND COLLABORATION EFFORTS WITH KEY
PARTNERS THAT SHARE THE MISSION SPACE OF HEALTH SECURITY AND PUBLIC
HEALTH PREPAREDNESS. EXAMPLES INCLUDE:**

**NATIONAL EMERGENCY MANAGEMENT ASSOCIATION (NEMA) - ASTHO'S ESTABLISHED
PARTNERSHIP WITH NEMA EXPANDED DURING THIS YEAR AS THE JOINT POLICY
WORKGROUP CONDUCTED AN EVALUATION OF THE EBOLA RESPONSE AND EACH
ORGANIZATION PROVIDED A MEMBER TO PRESENT AT THE ORIENTATION SESSION OF
THE OTHER'S NEW MEMBERSHIP. ASTHO AND NEMA CONTINUED A SECOND YEAR OF
DEVELOPING MISSION READY PACKAGING FOR EMAC DEPLOYMENT. THERE ARE NOW
16 PUBLIC HEALTH MISSION-READY PACKAGES AVAILABLE FOR USE, AND ASTHO
HAS BEEN ACTIVE IN PROMOTING THEM TO PUBLIC HEALTH AND EMERGENCY
MANAGEMENT PRACTICE COMMUNITIES.**

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NATIONAL GOVERNORS' ASSOCIATION HOMELAND SECURITY ADVISORY COUNCIL
(GHSAC) - ASTHO CONDUCTED A JOINT POLICY MEETING WITH MEMBERS OF THE
GHSAC TO IDENTIFY AREAS OF COMMON INTEREST AND PROVIDE UPDATES ON
CURRENT FOCUS AREAS. THE MEETING RESULTED IN A LIST OF ACTION ITEMS FOR
EACH ASSOCIATION AND DISCUSSION CONTINUES ABOUT AN ONGOING WORKGROUP
AND POTENTIAL CONNECTIONS WITH NEMA.

NATIONAL HOMELAND SECURITY CONSORTIUM (NHSC) - WHILE ASTHO HAS BEEN A
MEMBER OF THE NHSC SINCE INCEPTION, ITS ROLE HAS EXPANDED AS THE
RECOGNITION OF THE IMPORTANCE OF PUBLIC HEALTH HAS GROWN. ASTHO IS NOW
ONE OF THE TRI-CHAIRS OF THE CONSORTIUM (JOHN DREYZEHNER (TN)), A FIRST
FOR ASTHO AND FOR PUBLIC HEALTH, AS NHSC HAS TRADITIONALLY BEEN A LAW
ENFORCEMENT-CENTRIC ORGANIZATION. ASTHO HELPED TO LEAD THE NHSC'S EBOLA
REVIEW AND MORE RECENTLY LED A DISCUSSION ON HIGHLY PATHOGENIC AVIAN
INFLUENZA.

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GETCHELL J, BLUMENSTOCK J, ENGEL J. "NATIONAL CAPACITY FOR
SURVEILLANCE, PREVENTION, AND CONTROL OF WEST NILE VIRUS AND OTHER
ARBOVIRUS INFECTIONS, UNITED STATES, 2004 AND 2012." MORTALITY AND
MORBIDITY WEEKLY REPORT. 2014. 63(13):281-284. THIS ARTICLE FROM THE
MORTALITY AND MORBIDITY WEEKLY REPORT FROM APRIL 4TH DISCUSSES CHANGES

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**IN STATE'S CAPACITY FOR SURVEILLANCE, PREVENTION, AND CONTROL OF WEST
NILE VIRUS AND OTHER ARBOVIRUS INFECTIONS AT THE STATE LEVEL FROM 2004
THROUGH 2012.**

**JORSTAD C. "INFECTION CONTROL AND PUBLIC HEALTH AGENCIES: THE MERS
VIRUS." AMERICAN JOURNAL OF MANAGED CARE [SERIAL ONLINE]. 2014. VOLUME
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**SANTIBANEZ S, SIEGEL V, O'SULLIVAN M, LACSON R, JORSTAD C. "HEALTH
COMMUNICATIONS AND COMMUNITY MOBILIZATION DURING AN EBOLA RESPONSE:
PARTNERSHIPS WITH COMMUNITY AND FAITH-BASED ORGANIZATIONS." PUBLIC
HEALTH REPORTS. 130:1-6.**

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

HEALTH SYSTEMS TRANSFORMATION

**ASHTO PROVIDES SUPPORT TO CONNECTICUT DEPARTMENT OF HEALTH TO DEVELOP
HEALTH EQUITY STRATEGIC PLAN: ASTHO AND PARTNERS WORKED WITH THE
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH TO COMPLETE A HEALTH EQUITY
STRATEGIC PLAN AND COMMUNICATIONS STRATEGY. THIS PLAN IS A
COMPREHENSIVE LOOK AT PREVIOUS HEALTH EQUITY ACTIVITIES IN THE STATE
AND A STRATEGIC MAP PROVIDING DIRECTION ON HOW TO MOVE FORWARD WITH NEW
HEALTH EQUITY ACTIVITIES.**

**PUBLIC HEALTH COMMUNITY PLATFORM UPDATE: ASTHO CONTINUES TO DEVELOP
THE PUBLIC HEALTH COMMUNITY PLATFORM (PHCP), WHICH WILL PROVIDE A
SHARED SPACE THAT STRENGTHENS COLLABORATION AMONG PUBLIC HEALTH
JURISDICTIONS AND PARTNERS. CURRENTLY, THE PHCP IS FOCUSED ON**

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DEVELOPING THE SHARED INFRASTRUCTURE NECESSARY TO SUPPORT ELECTRONIC CASE REPORTING (ECR) FROM ELECTRONIC HEALTH RECORDS TO PUBLIC HEALTH SURVEILLANCE SYSTEMS. BY DEVELOPING SHARED INFRASTRUCTURE, THE PHCP PROJECT WILL LIMIT THE NEED FOR EVERY STATE TO DEVELOP THE NEEDED COMPONENTS TO SUPPORT ECR. THIS INCLUDES THE INTEGRATION OF DECISION SUPPORT TOOLS, CASE ROUTING TO THE APPROPRIATE PUBLIC HEALTH AGENCY, AND THE ABILITY FOR SUPPLEMENTAL DATA TO BE ELECTRONICALLY REQUESTED BY THE PUBLIC HEALTH AGENCY AND ENTERED BY THE CLINICAL REPORTER. SUPPORTING ECR WILL LEAD TO MORE TIMELY AND ACCURATE DATA WHILE SIMULTANEOUSLY REDUCING THE BURDEN OF HEALTHCARE REPORTERS AND PUBLIC HEALTH INVESTIGATORS. ADDITIONALLY, THE PHCP HAS INSTITUTED A GOVERNANCE STRUCTURE THAT IS CO-CHAIRLED BY ASTHO AND NACCHO MEMBERS WITH AN ELECTED EXECUTIVE COMMITTEE OF PUBLIC HEALTH LEADERS. WORK WILL PROGRESS TO IDENTIFY OTHER USE CASES FOR DEVELOPMENT AS WELL AS A BUSINESS MODEL THAT ENSURES SUSTAINABILITY.

PUBLIC HEALTH PRIMARY CARE COLLABORATIVE: THE ASTHO-SUPPORTED PRIMARY CARE AND PUBLIC HEALTH (PCPH) COLLABORATIVE HAS BEEN WORKING WITH A CONTRACTOR TO DEVELOP A COMMUNICATIONS STRATEGY FOR THE PCPH COLLABORATIVE. PART OF THE STRATEGY INCLUDED THE DEVELOPMENT OF A NEW LOGO TO REBRAND THE PCPH COLLABORATIVE AS THE "INTEGRATION FORUM: CONNECTING PRIMARY CARE AND PUBLIC HEALTH." STAFF HAVE ALSO DEVELOPED A NEW NEWSLETTER TEMPLATE WITH MORE OPTIONS FOR SHARING INFORMATION VIA SOCIAL MEDIA AND FEATURE STORIES ON PUBLIC HEALTH AND HEALTHCARE INTEGRATION SUCCESSES AND PARTNERS. THE COLLABORATIVE HAS ENGAGED MORE THAN 75 ORGANIZATIONS ACROSS THE NONPROFIT, FEDERAL AND STATE GOVERNMENT, AND ACADEMIC HEALTH ENTERPRISE.

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MEDICAID AND PUBLIC HEALTH PARTNERSHIPS: ASTHO CONVENED FOUR MEDICAID AND PUBLIC HEALTH TECHNICAL ASSISTANCE CALLS. THE SERIES FOCUSED ON SOME OF THE KEY AREAS THAT STATES IDENTIFIED DURING ASTHO'S PAYMENT AND DELIVERY REFORM TECHNICAL ASSISTANCE SURVEY AS NEEDING ADDITIONAL TRAINING AND TECHNICAL ASSISTANCE ON PAYMENT AND DELIVERY REFORM ACTIVITIES. ASTHO, WITH SUPPORT FROM HRSA, IS HOSTING THREE WEBINARS IN AUGUST AND SEPTEMBER 2015 THAT FEATURE EXAMPLES OF HOW MEDICAID AND PUBLIC HEALTH AGENCIES ARE WORKING TOGETHER ON A PARTICULAR HEALTH ISSUE. THE WEBINARS ARE: LONG ACTING REVERSIBLE CONTRACEPTION: PARTNERING TO INCREASE ACCESS AND COVERAGE FOR TEENS AND POST-PARTUM WOMEN; LEVERAGING MANAGED CARE TO SUPPORT COMMUNITY HEALTH WORKERS AND PROMOTE POPULATION HEALTH; AND MAXIMIZING PARTNERSHIPS TO EXPAND CARE COORDINATION: VERMONT'S HUB AND SPOKE MODEL. IN ADDITION AS PART OF ASTHO'S MEDICAID - PUBLIC HEALTH PARTNERSHIP PROJECT, ASTHO CREATED A SINGLE ONLINE INTERFACE FOR THE PUBLIC HEALTH WORKFORCE TO ACCESS LEARNING TOOLS AND RESOURCES TO ADVANCE THEIR KNOWLEDGE OF MEDICAID AND PUBLIC HEALTH OPPORTUNITIES TO PARTNER TO IMPROVE HEALTH OUTCOMES.

ASTHO ENGAGES PRIMARY CARE OFFICE DIRECTORS: IN JUNE, ASTHO STAFF ATTENDED HRSA'S REVERSE SITE VISIT HELD FOR PRIMARY CARE OFFICE DIRECTORS IN ROCKVILLE, MD. THIS MEETING, HELD ANNUALLY, IS A CHANCE FOR PRIMARY CARE OFFICE DIRECTORS TO GATHER TO GET IMPORTANT UPDATES FROM HRSA, MEET WITH THEIR HRSA PROJECT OFFICERS, AND SHARE QUESTIONS, CHALLENGES, AND BEST PRACTICES. THE MEETING PROVIDED ASTHO STAFF WITH A CHANCE TO MEET PCO DIRECTORS IN PERSON, LEARN MORE ABOUT THE CHALLENGES THEY ARE FACING, AND IDENTIFY WAYS THAT ASTHO CAN PROVIDE TECHNICAL ASSISTANCE AND LEARNING OPPORTUNITIES TO PRIMARY CARE OFFICES. IN PARTICULAR, THE MEETING FOCUSED ON CHALLENGES PCOS ARE FACING

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**IMPLEMENTING THE NEW SHORTAGE DESIGNATION MANAGEMENT SYSTEM. ASTHO WILL
CONTINUE WORKING WITH HRSA TO SUPPORT PCOS DURING THIS TRANSITION.**

**WORKING WITH NATIONAL GOVERNOR'S ASSOCIATION EXPERT ROUNDTABLE ON
POPULATION HEALTH: ASTHO HEALTH SYSTEM TRANSFORMATION TEAM MEMBERS
PARTICIPATED IN THE NGA EXPERT ROUNDTABLE ON ADVANCING SUSTAINABLE
IMPROVEMENTS IN POPULATION HEALTH IN JULY, WHICH INCLUDED KAREN MURPHY
(PA); JOHN DREYZEHNER (TN), JULIE COX-KAIN (SENIOR DEPUTY - OK), TRACY
DOLAN (SENIOR DEPUTY - VT), AND SUE GRINNELL (HEALTH INNOVATION AND
TRANSFORMATION - WA). ADDITIONAL PARTICIPANTS INCLUDED COMMERCIAL
INSURERS SUCH AS MOLINA HEALTHCARE, FEDERAL AGENCIES SUCH AS CMS, CDC
AND THE FEDERAL RESERVE BANK OF SAN FRANCISCO, AND LOCAL HEALTH
DEPARTMENTS LIKE HENNEPIN HEALTH FROM MN. THE GROUP MET TO ADDRESS THE
FOLLOWING FOUR FOCUS AREAS: 1) DEFINING AND OPERATIONALIZING POPULATION
HEALTH, 2) PAYMENT AND SUSTAINING FUNDING FOR POPULATION HEALTH:
OPTIONS AVAILABLE TO STATES, 3) EXAMPLES OF HEALTH SYSTEM-LED
POPULATION HEALTH INTEGRATION, AND 4) BUILDING A ROADMAP FOR
INTEGRATING POPULATION HEALTH INTO STATE-WIDE SYSTEM TRANSFORMATION.
THE DISCUSSANTS PROVIDED FEEDBACK ON NGA'S FORTHCOMING ROADMAP TOOL
THAT STATES MAY USE TO INTEGRATE POPULATION HEALTH INTO THEIR EXISTING
HEALTH TRANSFORMATION AND PLANNING EFFORTS.**

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CROSS-CUTTING PROGRAMS

HEALTH IN ALL POLICIES (HIAP) AND HEALTH IMPACT ASSESSMENT (HIA)
UPDATES: ASTHO DEVELOPED A LIBRARY OF RESOURCES TO EMPOWER STATES AND
TERRITORIES TO ADOPT HIAP STRATEGIES IN THEIR WORK. MAJOR

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ACCOMPLISHMENTS IN 2015 INCLUDE COMPLETION OF POLICY GUIDES AND THE HIAP LOGIC MODEL, PROGRESS ON THE HIAP FRAMEWORK, AND LEGISLATIVE TRACKING. ASTHO HAS ALSO DEVELOPED ADDITIONAL HIAP RESOURCES THROUGH OTHER GRANT WORK AND CONTINUED TECHNICAL ASSISTANCE TO PEER GROUPS AND POLICY COMMITTEES THROUGH LEGISLATIVE TRACKING ACTIVITIES. ASTHO'S COLLABORATIVE APPROACH INVITES PARTICIPATION BY TEAMS INCLUDING ENVIRONMENTAL HEALTH, PREVENTION, INJURY, RESEARCH AND EVALUATION, AND STATE HEALTH POLICY.

POLICY GUIDES: THE HIAP POLICY GUIDES SUPPORT STATE HEALTH LEADERSHIP EFFORTS TO WORK ACROSS SECTORS BY HIGHLIGHTING SUCCESSFUL HIAP PROGRAMS AND PROVIDING INFORMATION ON PROMISING HIAP STRATEGIES. THE 2015 HOUSING POLICY GUIDES COMPLIMENT EARLIER GUIDES RELATED TO TRANSPORTATION AND FOOD, AND GUIDES FOR WATER CURRENTLY BEING DEVELOPED. SEPARATE HOUSING GUIDES COVERED THEMES OF ACCESS TO PUBLIC TRANSPORTATION, AGING IN PLACE, CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN, MENTAL HEALTH AND SOCIAL COHESION, AND HEALTHY HOUSING FINANCING OPPORTUNITIES.

HIAP FRAMEWORK: ASTHO IS IN THE FINAL STAGES OF COMPLETING THE HIAP FRAMEWORK, A RESOURCE FOR PUBLIC HEALTH OFFICIALS LOOKING TO IMPLEMENT A HIAP APPROACH. IT INCLUDES KEY ELEMENTS OF HIAP PRACTICE, THE COMPLETED LOGIC MODEL, AND OTHER TOOLS TO PROMOTE HIAP IMPLEMENTATION. THE FRAMEWORK COMPLEMENTS ASTHO'S HIAP POSITION STATEMENT.

LEGISLATIVE TRACKING: ASTHO'S TRACKING OF HIAP-RELATED STATE LEGISLATION PROVIDES FOUNDATIONAL SUPPORT TO KEY PARTNERS (STATE ENVIRONMENTAL HEALTH DIRECTORS, HIAP WORKGROUP, ENVIRONMENTAL HEALTH

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POLICY COMMITTEE) AND THE DEVELOPMENT OF THE MOST RECENT POLICY GUIDES.

HEALTH IMPACT ASSESSMENT (HIA) UPDATES: ASTHO 2015 MONTHLY HIA CALLS

REACHED PRACTITIONERS ON ALL LEVELS AND FROM DIVERSE AFFILIATIONS.

CALLS CREATED MENTORING OPPORTUNITIES BETWEEN EXPERIENCED AND NOVICE

PRACTITIONERS AND OPPORTUNITIES TO ASSESS NEEDS FOR TRAINING AND

TECHNICAL ASSISTANCE. IN ADDITION, FOR SEVEN YEARS, ASTHO HAS PROVIDED

HIA CAPACITY BUILDING GRANTS TO HEALTH AGENCIES TO FURTHER THEIR

ABILITY TO ENGAGE IN BUILT ENVIRONMENT PROJECTS. THIS YEAR, ASTHO

AWARDED TWO MINI-GRANTS TO THE STATE HEALTH AGENCIES IN FLORIDA AND

VERMONT TO CONDUCT RAPID HIAS. THE FLORIDA PROJECT FOCUSED ON CHANGING

A FEE STRUCTURE FOR A COUNTY PARKS PROGRAM TO INCREASE ACCESS, AND THE

VERMONT PROJECT FOCUSED ON ZONING CHANGES TO ALLOW FOR MARKET RATE

HOUSING AS PART OF A REDEVELOPMENT PLAN. BOTH FINAL REPORTS WILL BE

AVAILABLE ONLINE.

PUBLICATIONS

LEIDER JP, RESNICK B, SELLERS K, KASS N, BERNET P, YOUNG JL, JARRIS PE.

"SETTING BUDGETS AND PRIORITIES AT STATE HEALTH AGENCIES." JOURNAL OF

PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014. E-PUBLISHED AHEAD OF

PRINT.

LEIDER JP, RESNICK B, KASS N, SELLERS K, YOUNG JL, BERNET P, JARRIS PE.

"BUDGET- AND PRIORITY-SETTING CRITERIA AT STATE HEALTH AGENCIES IN

TIMES OF AUSTERITY: A MIXED-METHODS STUDY." AMERICAN JOURNAL OF PUBLIC

HEALTH. 2014. 104(6):1092-9.

EXPENSES \$ 2,037,563. INCLUDING GRANTS OF \$ 410,624. REVENUE \$ 0.

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MEMBER ENGAGEMENT

STATE LEGISLATIVE LIAISONS: ASTHO HOSTED THE ANNUAL MEETING OF STATE LEGISLATIVE LIAISONS ON JULY 16-17 IN SALT LAKE CITY. TWENTY-FOUR STATES AND ONE TERRITORY, US VIRGIN ISLANDS, PARTICIPATED IN THE MEETING, WHICH ALSO FEATURED JOINT SESSIONS WITH ASTHO'S SENIOR DEPUTIES PEER NETWORK ON JULY 16 THAT INCLUDED FEDERAL AND STATE HEALTH POLICY UPDATES, A PANEL ON STRATEGIES FOR SUPPORTING SUSTAINABLE EFFORTS THROUGH THE FEDERAL RESERVE BANK AND STATE POLICY LEVERS, AND A DIALOGUE BETWEEN ED EHLINGER (MN) AND PAUL JARRIS ON HEALTH EQUITY IN ALL POLICIES. CINDY PELLIGRINI, SENIOR VICE PRESIDENT OF PUBLIC POLICY AND GOVERNMENT AFFAIRS FOR THE MARCH OF DIMES, PRESENTED ON THE NEWBORN SCREENING SAVES LIVES REAUTHORIZATION ACT: UNDERSTANDING INFORMED CONSENT. STATE LEGISLATIVE LIAISONS SERVED AS PRESENTERS THROUGH THEIR MEETING ON TOPICS INCLUDING EBOLA, E-CIGARETTES, AND PRESCRIPTION DRUG OVERDOSE PREVENTION AND TREATMENT.

SENIOR DEPUTIES: THE SENIOR DEPUTIES ORIENTATION AND ANNUAL MEETING WAS HELD JULY 13-16 IN SALT LAKE CITY. ELEVEN NEW SENIOR DEPUTIES PARTICIPATED IN THE ORIENTATION AND LEARNED TACTICAL STRATEGIES TO MANAGE THEIR ROLES AND RESPONSIBILITIES. SDC MEMBERS AND ALUMNI SERVED AS FACULTY FOR THE SESSIONS. MEETING EVALUATIONS FOR THE ORIENTATION INDICATE THAT THE LEVEL OF SATISFACTION WITH THE OVERALL QUALITY OF MEETING PRESENTATION WAS VERY HIGH. THE THEME OF THIS YEAR'S SENIOR DEPUTIES ANNUAL MEETING WAS "IMPROVING THE PERFORMANCE OF PUBLIC HEALTH AGENCIES." RICHARD PATTON (UT) WELCOMED SENIOR DEPUTIES TO UTAH AND PROVIDED OPENING REMARKS FOR THE CONFERENCE. THE PLENARY SESSIONS

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FEATURED INNOVATIVE AND PROMISING PRACTICES TO STRENGTHEN CORE PUBLIC HEALTH CAPACITIES, SUCH AS HEALTH SYSTEMS TRANSFORMATION, WORKFORCE DEVELOPMENT, PERFORMANCE MANAGEMENT, AND POPULATION HEALTH IMPROVEMENT. THERE WERE A TOTAL OF 74 REGISTRANTS, REPRESENTING 37 STATES AND FIVE TERRITORIES: NORTHERN MARIANA ISLANDS, FEDERATED STATES OF MICRONESIA, GUAM, PUERTO RICO, AND THE U.S. VIRGIN ISLANDS. MEETING EVALUATIONS WERE OVERWHELMINGLY POSITIVE; NEARLY 97 PERCENT OF PARTICIPANTS INDICATED THAT THE MEETING WOULD BENEFIT THEM IN THEIR PRACTICE AND THE CONTENT HELD THEIR INTEREST.

CREATION OF NEW POLICIES AND PROCEDURES - DISASTER RELIEF, VETTING NEW PARTNERS: ASTHO HAS BEEN DEVELOPING NEW POLICIES AND PROCEDURES FOR SPONSORS AND CORPORATE PARTNERS. THE FIRST PROVIDES A GUIDE TO BRINGING ON NEW CORPORATE PARTNERS AND INCLUDES DETAILS ON VETTING AND RESEARCHING THE COMPANY AS WELL AS OBTAINING APPROPRIATE APPROVALS. THE SECOND WILL HELP ASTHO NAVIGATE REQUESTS TO ASSIST WITH FUNDRAISING EFFORTS IN RESPONSE TO PUBLIC HEALTH EMERGENCIES.

PUBLICATIONS

JARRIS PE, TALKINGTON K. "WHAT'S NEXT: ARE WE READY? PUBLIC HEALTH TESTING ITS LIMITS WITH GLOBAL DISEASE THREATS." JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014. 20(6):670-1.

EXPENSES \$ 1,694,988. INCLUDING GRANTS OF \$ 882,000. REVENUE \$ 0.

SCIENCE & STRATEGY

EXPENSES \$ 1,966,177. INCLUDING GRANTS OF \$ 534,308. REVENUE \$ 0.

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MEMBER SERVICES

EXPENSES \$ 1,385,551. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC POLICY

EXPENSES \$ 535,946. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER ACTIVITIES AND PUBLICATIONS

**JARRIS PE. "POPULATION HEALTH: NO ONE DOES IT ALONE." JOURNAL OF
PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2014. 20(5):554-6.**

**SHAH GH, LEEP C, YE J, SELLERS K, LISS-LEVINSON R, WILLIAMS K. "PUBLIC
HEALTH AGENCIES' LEVEL OF ENGAGEMENT IN AND PERCEIVED BARRIERS TO PHAB
NATIONAL VOLUNTARY ACCREDITATION." JOURNAL OF PUBLIC HEALTH MANAGEMENT
AND PRACTICE. 2014. E-PUBLISHED AHEAD OF PRINT.**

**MOFFAT S, JARRIS PE, ROMERO E, WADDELL L. "HEALTH SYSTEM CHANGE:
SUPPORTING 10-STATE LEARNING COLLABORATIVE FOR RAPID-CYCLE CHANGE."
JOURNAL OF PUBLIC HEALTH MANAGEMENT AND PRACTICE. 2015. 21(1):100-2.**

**SHAH GH, LEEP CJ, YE J, SELLERS K, LISS-LEVINSON R, WILLIAMS KS.
"PUBLIC HEALTH AGENCIES' LEVEL OF ENGAGEMENT IN AND PERCEIVED BARRIERS
TO PHAB NATIONAL VOLUNTARY ACCREDITATION." JOURNAL OF PUBLIC HEALTH
MANAGEMENT AND PRACTICE. 2015. 21(2):107-15.**

**MONTERO JT, MOFFATT S, JARRIS PE. OPPORTUNITIES TO IMPROVE POPULATION
HEALTH BY INTEGRATING GOVERNMENTAL PUBLIC HEALTH AND HEALTH CARE
DELIVERY: LESSONS FROM THE ASTHO MILLION HEART QUALITY IMPROVEMENT**

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LEARNING COLLABORATIVE. DISCUSSION PAPER. INSTITUTE OF MEDICINE. 2015.

MONTERO JT, LUPI MV, JARRIS PE. IMPROVED POPULATION HEALTH THROUGH MORE
DYNAMIC PUBLIC HEALTH AND HEALTH CARE SYSTEM COLLABORATION. DISCUSSION
PAPER. INSTITUTE OF MEDICINE. 2015.

MULLEN J. "LIVING LONGER BETTER: A CALL TO ACTION TO PROMOTE THE HEALTH
OF OLDER ADULTS AND THEIR COMMUNITIES." JOURNAL OF PUBLIC HEALTH
MANAGEMENT AND PRACTICE. 2015. 21(4):410-2.

JARRIS PE, SELLERS K. THE VALUE OF INTEGRATION: PUBLIC HEALTH, PRIMARY
CARE, AND BEYOND. PRACTICAL PLAYBOOK. NEW YORK, NY: OXFORD UNIVERSITY
PRESS; 2015:28-31.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 88,324.

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

THE MEMBERS OF THE ASSOCIATION SHALL BE THE CHIEF HEALTH OFFICIAL OF THE
PUBLIC HEALTH AGENCY OF EACH STATE, TERRITORY, OR POSSESSION OF THE UNITED
STATES, AS SPECIFIED BY LAW, OR AS DESIGNATED BY THE CHIEF EXECUTIVE OF
EACH STATE, TERRITORY, OR POSSESSION. THE CHIEF HEALTH OFFICIAL MAY
DELEGATE ANOTHER FULL-TIME EMPLOYEE OF THE OFFICIAL HEALTH AGENCY TO
REPRESENT THAT AGENCY IN ASTHO ACTIVITIES IN HIS OR HER ABSENCE. SUCH A
DELEGATED OFFICIAL SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF MEMBERSHIP
VESTED IN THE CHIEF HEALTH OFFICIAL. THE ASSEMBLY OF MEMBERS SHALL SERVE
AS THE POLICY MAKING BODY OF THE ASSOCIATION, AND SHALL CONSIST OF ALL
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,

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POSSESSION OR FREELY ASSOCIATED STATE OF THE THE UNITED STATES, AS
SPECIFIED BY LAW, OR AS DESIGNATED BY THE CHIEF EXECUTIVE OF EACH STATE,
TERRITORY, POSSESSION, OR FREELY ASSOCIATED STATE OF THE UNITED STATES.

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

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

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

THE MEMBERSHIP ASSEMBLY REVIEWS THE ACTIONS AND RECOMMENDATIONS OF THE
BOARD OF DIRECTORS AT LEAST ANNUALLY. THE MEMBERSHIP APPROVES ALL
ASSOCIATION POLICY STATEMENTS AND REVIEWS THE ASSOCIATION'S PRIORITIES AND
STRATEGIC PLAN.

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

THE AUDIT COMMITTEE IS PROVIDED WITH A COPY OF THE IRS FORM 990 FOR REVIEW
AND APPROVAL PRIOR TO FILING THE FORM WITH THE IRS.

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

THE WRITTEN CONFLICT OF INTEREST POLICY IS ANNUALLY DISTRIBUTED AND SIGNED
BY THE DIRECTORS, OFFICERS, AND SENIOR STAFF MEMBERS. ANY CONFLICTS OF
INTEREST ARE INVENTORIED BY THE CHIEF FINANCIAL OFFICER AND DISCLOSED TO
THE FULL BOARD. THE AUDIT COMMITTEE IS TASKED WITH MONITORING AND
ADMINISTERING COMPLIANCE. THE AUDIT COMMITTEE CAN REFER MATTERS TO THE
BOARD WHO HAS FINAL AUTHORITY ON RESOLUTION OF CONFLICTS OF INTEREST FOR
ITS MEMBERS, INCLUDING EXPULSION.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS OF DETERMINING CEO COMPENSATION INCLUDED REVIEW OF FORM 990 OF

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OTHER ORGANIZATIONS, A WRITTEN EMPLOYMENT CONTRACT, COMPENSATION STUDIES/SURVEYS AS WELL AS APPROVAL BY THE BOARD. ASTHO'S INTERNAL COMPENSATION PLAN, WHICH IS BASED ON PUBLISHED SALARY SURVEYS, WAS USED TO DETERMINE SALARIES FOR TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY EMPLOYEES.

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

THE ASSOCIATION'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

PROFESSIONAL AND CONSULTING FEES:

PROGRAM SERVICE EXPENSES	2,583,769.
MANAGEMENT AND GENERAL EXPENSES	474,649.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,058,418.

FEES FOR SERVICES:

PROGRAM SERVICE EXPENSES	114,283.
MANAGEMENT AND GENERAL EXPENSES	174,452.
FUNDRAISING EXPENSES	6,618.
TOTAL EXPENSES	295,353.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,353,771.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number (EIN) or 35-1044487
	Number, street, and room or suite no. If a P.O. box, see instructions. 2231 CRYSTAL DRIVE, NO. 450	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22202	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CLARA WOODALL

• The books are in the care of **2231 CRYSTAL DRIVE, NO. 450 - ARLINGTON, VA 22202**
 Telephone No. **202-371-9090** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2016**.

5 For calendar year , or other tax year beginning **OCT 1, 2014**, and ending **SEP 30, 2015**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date