

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)

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

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 450		G Gross receipts \$ 56,409,366.
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202		
F Name and address of principal officer: MICHAEL FRASER 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: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	303
	6 Total number of volunteers (estimate if necessary)	6	0
	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, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	43,978,741.	55,267,905.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,133,025.	1,056,304.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,163.	27,828.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,138.	43,406.
		45,237,067.	56,395,443.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,425,215.	9,302,162.
	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)	23,456,043.	29,951,127.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,266,660.	15,675,691.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,147,918.	54,928,980.	
19 Revenue less expenses. Subtract line 18 from line 12	3,089,149.	1,466,463.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,826,781.	21,830,301.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,895,784.	11,478,283.
	8,930,997.	10,352,018.	

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		
	ZARNAAZ BASHIR, MPH, DEPUTY CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RAYMOND BARBAGALLO				P00173692
Preparer Use Only	Firm's name ▶ CHERRY BEKAERT ADVISORY LLC			Firm's EIN ▶ 88-2730877	
	Firm's address ▶ 6116 EXECUTIVE BLVD STE 600 ROCKVILLE, MD 20852			Phone no. 301-589-9000	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO SUPPORT, EQUIP, AND ADVOCATE FOR STATE AND TERRITORIAL HEALTH OFFICIALS IN THEIR WORK OF ADVANCING THE PUBLIC'S HEALTH AND WELL-BEING.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] 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 \$ 18,538,036. including grants of \$ 3,751,357.) (Revenue \$ 7,700.) COMMUNITY HEALTH AND DISEASE PREVENTION (INCLUDING SOCIAL & BEHAVIORAL HEALTH): THE COMMUNITY HEALTH AND DISEASE PREVENTION AREA PROVIDES LEADERSHIP SUPPORT AND CAPACITY BUILDING TO STATE AND TERRITORIAL HEALTH OFFICIALS. SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4b (Code:) (Expenses \$ 13,860,558. including grants of \$ 3,907,334.) (Revenue \$) HEALTH SECURITY: THIS PROGRAM TEAM FOCUSES ON HEALTH EMERGENCIES SUCH AS NATURAL DISASTERS, PANDEMICS, DELIBERATE ATTACKS, ENVIRONMENTAL CATASTROPHES AND OTHER HEALTH THREATS. SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4c (Code:) (Expenses \$ 2,670,051. including grants of \$ 1,148,230.) (Revenue \$) CARIBBEAN OPERATIONS: ASTHO'S CARIBBEAN OPERATIONS TEAM IS ASSIGNED TO THE HURRICANE CRISIS GRANT FUNDED ACTIVITIES IN PUERTO RICO AND THE U.S. VIRGIN ISLANDS. SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4d Other program services (Describe on Schedule O.) (Expenses \$ 12,262,167. including grants of \$ 495,241.) (Revenue \$ 1,094,551.)

4e Total program service expenses 47,330,812.

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> ? See instructions	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		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 on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 303		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **NANCY KENNEY - 202-371-9090**
2231 CRYSTAL DRIVE, 450, ARLINGTON, VA 22202

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL ROBERT FRASER CHIEF EXECUTIVE OFFICER	37.50			X			451,226.	0.	37,874.	
(2) MARCUS G. PLESCIA SENIOR VICE PRESIDENT	37.50				X		312,575.	0.	26,896.	
(3) ZARNAAZ BASHIR DEPUTY CEO	37.50			X			236,282.	0.	47,004.	
(4) JOHN LANE CHIEF PROGRAM OFFICER	37.50			X			254,002.	0.	27,504.	
(5) CAROLYN MULLEN SENIOR VICE PRESIDENT	37.50				X		241,956.	0.	17,940.	
(6) ADAM D. STALEY SENIOR VICE PRESIDENT	37.50			X			239,134.	0.	13,363.	
(7) AMBER N. WILLIAMS SENIOR VICE PRESIDENT	37.50			X			243,425.	0.	0.	
(8) CHRISTINE MACKIE VICE-PRESIDENT	37.50				X		205,686.	0.	20,980.	
(9) JAMIE PINA VICE-PRESIDENT	37.50				X		152,009.	0.	5,708.	
(10) ANNE ZINK PRESIDENT	2.50	X		X			0.	0.	0.	
(11) STEVEN J. STACK PRESIDENT-ELECT	1.50	X		X			0.	0.	0.	
(12) NIRAV SHAH PAST PRESIDENT	1.50	X		X			0.	0.	0.	
(13) SCOTT HARRIS SECRETARY-TREASURER	1.00	X		X			0.	0.	0.	
(14) MARK LEVINE REGION I REPRESENTATIVE	1.00	X					0.	0.	0.	
(15) CARLOS MELLANDO LOPEZ REGION II REPRESENTATIVE	1.00	X					0.	0.	0.	
(16) DEBRA BOGEN REGION III REPRESENTATIVE	1.00	X					0.	0.	0.	
(17) SCOTT HARRIS REGION IV REPRESENTATIVE/I	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSEPH KANTER REGION VI REPRESENTATIVE	1.00	X						0.	0.	0.
(19) PAULA NICKELSON REGION VII REPRESENTATIVE	1.00	X						0.	0.	0.
(20) ALEXIA HARRIST REGION VIII REPRESENTATIVE	1.00	X						0.	0.	0.
(21) IHSAN AZZAM REGION IX REPRESENTATIVE	1.00	X						0.	0.	0.
(22) ELKE SHAW-TULLOCH REGION X REPRESENTATIVE	1.00	X						0.	0.	0.
(23) ESTHER L. MUNA TERRITORY REPRESENTATIVE	1.00	X						0.	0.	0.
(24) ELIZABETH HERTEL REGION V REPRESENTATIVE	1.00	X						0.	0.	0.
1b Subtotal								2,336,295.	0.	197,269.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,336,295.	0.	197,269.

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 **83**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>	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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ORION HEALTHCARE SVCS., INC. DBA WANDERLY, ONE WORLD TRADE CENTER, 8TH FLOOR, LONG AMERICAN TECHNOLOGY SERVICES, 2751 PROSPERITY AVENUE 6TH FLOOR, FAIRFAX, VA	STAFFING SERVICES	1,447,271.
HEALTH RESOURCES IN ACTION 2 BOYLSTON ST. 4TH FLOOR, BOSTON, MA 02116	HEALTH SERVICES	473,800.
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE, ATLANTA, GA 30310	HEALTH SERVICES	440,000.
PUBLIC HEALTH PARTNERS, LLC. 26 ANTHONY AVE, TOPSHAM, ME 04086	CONSULTING WITH MAINE CDC	201,125.

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 **18**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,658,340.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	52,007,660.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,601,905.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			55,267,905.			
Program Service Revenue	2 a CROSS CUTTING PROGRAM	Business Code	900099	1,048,604.	1,048,604.		
	b MEETING REGISTRATIONS		900099	7,700.	7,700.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,056,304.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			25,287.		25,287.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	16,464.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	13,923.				
c Gain or (loss)	7c	2,541.					
d Net gain or (loss)			2,541.	2,541.			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a UNIV OF UTAH DESIGN ST	Business Code	900099	40,466.	40,466.		
	b SPEAKER HONORARIUMS		900099	2,940.	2,940.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			43,406.			
12 Total revenue. See instructions			56,395,443.	1,102,251.	0.	25,287.	

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 ...	9,189,242.	9,189,242.		
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	112,920.	112,920.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,167,774.	1,826,100.	341,674.	
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	21,467,621.	18,084,004.	3,383,617.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,068,145.	1,742,174.	325,971.	
9 Other employee benefits	2,590,197.	2,183,861.	406,336.	
10 Payroll taxes	1,657,390.	1,396,161.	261,229.	
11 Fees for services (nonemployees):				
a Management				
b Legal	16,164.		16,164.	
c Accounting	92,488.		92,488.	
d Lobbying				
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.)	10,187,800.	9,450,038.	737,762.	
12 Advertising and promotion				
13 Office expenses	1,668,268.	653,045.	1,015,223.	
14 Information technology	403,396.	1,559.	401,837.	
15 Royalties				
16 Occupancy	1,008,664.	831,693.	176,971.	
17 Travel	1,204,581.	1,024,571.	180,010.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	963,535.	727,597.	235,938.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	130,795.	107,847.	22,948.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	54,928,980.	47,330,812.	7,598,168.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	9,797,018.	2	10,090,611.
	3 Pledges and grants receivable, net	5,902,022.	3	8,815,967.
	4 Accounts receivable, net	622,106.	4	838,957.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	305,663.	9	472,270.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,016,697.		
	b Less: accumulated depreciation	10b 2,728,516.	923,605.	10c 1,288,181.
	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	276,367.	15	324,315.
16 Total assets. Add lines 1 through 15 (must equal line 33)	17,826,781.	16	21,830,301.	
Liabilities	17 Accounts payable and accrued expenses	4,405,744.	17	8,213,990.
	18 Grants payable		18	
	19 Deferred revenue	1,110,866.	19	1,070,820.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	2,747,190.	24	1,706,435.
	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	631,984.	25	487,038.
	26 Total liabilities. Add lines 17 through 25	8,895,784.	26	11,478,283.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,662,978.	27	7,516,812.
	28 Net assets with donor restrictions	4,268,019.	28	2,835,206.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,930,997.	32	10,352,018.
33 Total liabilities and net assets/fund balances	17,826,781.	33	21,830,301.	

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	56,395,443.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,928,980.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,466,463.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,930,997.
5	Net unrealized gains (losses) on investments	5	-45,442.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,352,018.

Part XII Financial Statements and Reporting

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

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

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,042,772.	34,783,501.	33,701,085.	43,978,741.	55,267,905.	194,774,004.
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	27,042,772.	34,783,501.	33,701,085.	43,978,741.	55,267,905.	194,774,004.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,757,210.
6 Public support. Subtract line 5 from line 4.						189,016,794.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	27,042,772.	34,783,501.	33,701,085.	43,978,741.	55,267,905.	194,774,004.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,585.	14,447.	10,526.	30,163.	25,287.	89,008.
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.)	32,546.	7,559.	22,945.	2,000.	2,940.	67,990.
11 Total support. Add lines 7 through 10						194,931,002.
12 Gross receipts from related activities, etc. (see instructions)					12	3,146,753.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	96.97 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	96.75 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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>		
1		

Section D. All Type III Supporting Organizations

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

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2021)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 48,833,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,738,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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 (grassroots lobbying)	30,311.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	245,244.													
c	Total lobbying expenditures (add lines 1a and 1b)	275,555.													
d	Other exempt purpose expenditures	54,653,425.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	54,928,980.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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) 2018	(b) 2019	(c) 2020	(d) 2021	(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	273,588.	280,424.	279,345.	275,555.	1,108,912.
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	30,396.	30,847.	30,728.	30,311.	122,282.

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

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

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

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

SCHEDULE C, SUPPLEMENTAL INFORMATION

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

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

ADMINISTRATION. THE GR TEAM ACTIVELY ENGAGES THE CONGRESS ON MATTERS OF

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

TO INFLUENCE THE APPROPRIATIONS PROCESS BY ADVOCATING FOR THE HIGHEST

Part IV Supplemental Information *(continued)*

AMOUNT POSSIBLE FOR PUBLIC HEALTH PROGRAMS FOR STATES. THE GR TEAM ALSO

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

SUPPORTING THEM IN MEETINGS ON CAPITOL HILL OR WITH THE ADMINISTRATION.

THE TEAM ALSO HELPS PREPARE STATE HEALTH OFFICIALS FOR CONGRESSIONAL

VISITS AND BRIEFINGS, WHICH ALSO INFLUENCES ASTHO'S LOBBYING EFFORTS.

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

Employer identification number 35-1044487

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,428,383.	509,428.	918,955.
d Equipment		1,663,142.	1,293,916.	369,226.
e Other		925,172.	925,172.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,288,181.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	38,300.
(3) DEFERRED RENT LIABILITY	448,738.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	487,038.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	56,350,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-45,442.	
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	-45,442.	
3	Subtract line 2e from line 1	3		56,395,443.
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		56,395,443.

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

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

1	Total expenses and losses per audited financial statements		1	54,928,980.
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		54,928,980.
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		54,928,980.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FOR THE YEARS ENDED SEPTEMBER 30, 2022 AND 2021, ASTHO HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization
ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS

Employer identification number
35-1044487

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		112,920.
3 a Subtotal	0	0			112,920.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			112,920.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	HEALTH INFORMATION SYSTEMS (HIS) STRENGTHENING IN THE USAPI TERRITORIES AND	93,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	SUPPORTING STATE HEALTH AGENCIES TO ADDRESS EMERGING ENVIRONMENTAL HEALTH	19,920.	CHECK	0.		

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

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

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

PROGRAM STAFF IDENTIFY SUB-RECIPIENTS THROUGH AN RFP PROCESS. PAYMENT OF FUNDS IS TIED TO PERFORMANCE BY INVOKING SPECIFIC MILESTONES WHICH TRIGGER THE DISBURSEMENT OF FUNDS. ALL INVOICES ARE REVIEWED AND APPROVED BY A GRANTS MANAGER PRIOR TO PAYMENT TO INSURE COMPLIANCE WITH TERMS. THE PROGRAM LEAD MAINTAINS CONTACT WITH THE CONTRACTORS THROUGH REGULAR "CHECK-INS," PROGRESS REPORTS, ETC., AS APPLICABLE.

PART I, LINE 3:

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

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,
(D) PURPOSE OF GRANT: HEALTH INFORMATION SYSTEMS (HIS) STRENGTHENING IN THE USAPI TERRITORIES AND FREELY ASSOCIATED STATES

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,
(D) PURPOSE OF GRANT: SUPPORTING STATE HEALTH AGENCIES TO ADDRESS EMERGING ENVIRONMENTAL HEALTH ISSUES

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GEORGIA DEPT OF PUBLIC HEALTH 2 PEACHTREE ST., NW, 15TH FLOOR ATLANTA, GA 30303	90-0676388	170(C)(1)	108,657.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
COLORADO DEPT OF PUBLIC HEALTH & ENVIRONMENT - 4300 CHERRY CREEK DRIVE SOUTH - DENVER, CO 80246	84-0644739	170(C)(1)	888,279.	0.			DEVELOPING AND IMPLEMENTING MOU'S BETWEEN PUBLIC HEALTH AND PHARMACIES FOR PANDEMIC
MINNESOTA DEPARTMENT OF HEALTH 658 CEDAR STREET ST. PAUL, MN 55155	41-6007162	170(C)(1)	24,971.	0.			BUILDING STATE HEALTH DEPARTMENT CAPACITY TO DEVELOP AND UTILIZE VIRAL HEPATITIS EPIDEMIOLOGICAL
RHODE ISLAND DEPARTMENT OF PUBLIC HEALTH - ONE CAPITAL HILL - PROVIDENCE, RI 02908	05-6000522	170(C)(1)	32,030.	0.			PLANNING FOR STATE VIRAL HEPATITIS ELIMINATION PROGRAM
WASHINGTON STATE DEPARTMENT OF HEALTH - P.O. BOX 47840 - OLYMPIA, WA 98505-7825	91-1444603	170(C)(1)	135,000.	0.			PLANNING FOR NATIONAL AND STATE VIRAL HEPATITIS ELIMINATION PROGRAMS
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVENUE, 2ND FLOOR - BOSTON, MA 02138	04-2103580	501(C)(3)	932,854.	0.			TECHNICAL ASSISTANCE FOR STATE, TERRITORIAL AND FEDERAL RISK COMMUNICATION DURING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 20.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 33.

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS PUBLIC HEALTH INSTITUTE 310 S PEORIA STREET, SUITE 404 CHICAGO, IL 60607	26-2757523	501(C)(3)	50,000.	0.			BUILDING STATE PUBLIC HEALTH DEPARTMENT CAPACITY TO SUPPORT BREASTFEEDING
NATIONAL COALITION OF STD DIRECTORS - 1029 VERMONT AVENUE, NW, SUITE 500 - WASHINGTON, DC 20005	52-2065422	501(C)(3)	181,537.	0.			NATIONAL COVID-19 CONTACT TRACING E-LEARNING TRAINING
NATIONAL PUBLIC HEALTH INFORMATION COALITION - 1353 RIVERSTONE PARKWAY, SUITE 120-309 - CANTON, GA 30114	58-1883255	501(C)(3)	276,250.	0.			TECHNICAL ASSISTANCE FOR STATE, TERRITORIAL, AND FEDERAL RISK COMMUNICATION DURING
PA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS - 1500 MARKET STREET, LM500 - PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	50,000.	0.			BUILDING STATE PUBLIC HEALTH DEPARTMENT CAPACITY TO SUPPORT BREASTFEEDING
COMMONWEALTH HEALTHCARE CORPORATION (CNMI) - P.O. BOX 500409 - SAIPAN, MAURITIUS 96950	66-0774364	170(C)(1)	104,000.	0.			PUBLIC HEALTH COLLABORATIVE TO IMPROVE CARDIOVASCULAR HEALTH OUTCOMES
GUAM'S ALTERNATIVE LIFESTYLE ASSOCIATION - P.O. BOX 128 - HAGATNA, GUAM 96932	66-0716699	501(C)(3)	112,500.	0.			PUBLIC HEALTH COLLABORATIVE TO IMPROVE CARDIOVASCULAR HEALTH OUTCOMES
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION - 1717 PENNSYLVANIA AVE. NW, STE 1025 - WASHINGTON, DC 20006	27-1130269	501(C)(3)	250,008.	0.			ONC IMMUNICATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS)
ASSOCIATION OF IMMUNIZATION MANAGERS - 620 HUNGERFORD DR., STE 29 - ROCKVILLE, MD 20850	52-2346043	501(C)(3)	208,340.	0.			ONC IMMUNICATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS)
COMMONWEALTH OF PENNSYLVANIA 1310 ELMERTON AVENUE HARRISBURG, PA 17110	23-6003104	501(C)(3)	5,200.	0.			IMPLEMENTING MOU'S BETWEEN STATE HEALTH DEPARTMENTS AND PHARMACIES FOR PANDEMIC

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	18,000.	0.			ADVANCING GEORGIA PUBLIC HEALTH SYSTEM VIOLENCE SURVEILLANCE & PARTNERSHIP ACTIVITIES
NAT'L ASSOC OF COUNTY & CITY HEALTH OFFICIALS - 1100 17TH STREET NW, 7TH FL - WASHINGTON, DC 20036	52-1426663	501(C)(3)	499,831.	0.			NATIONAL ORGANIZATIONS FOR STATE AND LOCAL OFFICIALS (NOSLO)
RTI INTERNATIONAL P.O. BOX 12194 RESEARCH TRIANGLE PARK, NC 27709	56-0686338	501(C)(3)	702,621.	0.			PUBLIC HEALTH COMMUNITY PLATFORM
VA DEPARTMENT OF HEALTH 109 GOVERNOR ST., 13TH FLOOR RICHMOND, VA 23219	54-6001775	170(C)(1)	44,664.	0.			ENVIRONMENTAL PUBLIC HEALTH TRACKING: PEER-TO-PEER FELLOWSHIP PROGRAM, PHASE 1
BLUE RIDGE EMERGENCY MEDICAL SERVICES COUNCIL, INC. - 1900 TATE SPRINGS ROAD, SUITE 14 - LYNCHBURG, VA 24502	54-1025478		75,000.	0.			HEART DISEASE AND STROKE PREVENTION LEARNING COLLABORATIVE
CIVITAS NETWORKS FOR HEALTH 500 WESTOVER DRIVE #95712 SANFORD, NC 27330	45-1754340	501(C)(6)	250,008.	0.			PROVIDE PROGRAM PLANNING AND IMPLEMENTATION, TECHNICAL, POLICY AND RESEARCH SUPPORT FOR THE
COMMONWEALTH OF MASSACHUSETTS ONE ASHBURTON PLACE, 9TH FLOOR BOSTON, MA 02108	04-6002284		45,000.	0.			MULTI-STATE NETWORK OF LINKED PRAMS SYSTEM DATA
COMMUNITY ACTION PARTNERSHIP OF KERN - 5005 BUSINESS PARK NORTH - BAKERSFIELD, CA 93309	95-2402760	501(C)(3)	425,000.	0.			VACCINE EQUITY COMMUNITY SITE
COMMUNITY ACTION PROGRAM FOR CENTRAL ARKANSAS - 707 ROBINS ST., SUITE 118 - CONWAY, AR 72034	71-0393919	501(C)(3)	425,000.	0.			VACCINE EQUITY COMMUNITY SITE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENRICHMENT SERVICES PROGRAM 2601 CROSS COUNTRY DR., BLDG C COLUMBUS, GA 31906	58-1020547	501(C)(3)	415,000.	0.			VACCINE EQUITY COMMUNITY SITE
FACILITATIVE INSIGHTS, LLC. 176 ROCKY CREEK TRAIL WOODSTOCK, GA 30188	83-0648024		18,000.	0.			ADDRESSING NEEDS OF PEOPLE WITH DISABILITIES IN COVID19 STATE PREPAREDNESS PLANNING,
FINN CHURCH AID AMERICAS 900 19TH ST. NW, 6TH FLOOR WASHINGTON, DC 20006	47-3058382	501(C)(3)	48,000.	0.			VACCINE EQUITY COMMUNITY SITE
GLOBAL PERINATAL SERVICES 32700 PACIFIC HWY S., STE 12 FEDERAL WAY, WA 98003	84-3421673	501(C)(3)	50,001.	0.			BUILDING STATE HEALTH AGENCY CAPACITY FOR BREASTFEEDING PROMOTION AND SUPPORT
GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES - 155 HESLER PLACE - HAGATNA, GUAM 96910	98-0018947		7,183.	0.			ADDRESSING THE NEEDS OF PEOPLE WITH DISABILITIES IN COVID-19 STATE AND TERRITORIAL PREPAREDNESS
HEALTH RESOURCES IN ACTION, INC. 2 BOYLSTON ST. 4TH FLOOR BOSTON, MA 02116	04-2229839		12,000.	0.			STATE SUPPORT FOR COVID-19 HEALTH EQUITY: TA FOR OT21-2103 RECIPIENTS
LOUISIANA DEPARTMENT OF HEALTH P.O. BOX 61979 NEW ORLEANS, LA 70161-1979	72-6000821		75,000.	0.			BUILDING STATE PUBLIC HEALTH DEPARTMENT CAPACITY TO SUPPORT BREASTFEEDING
NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS - P.O. BO X1400 - CLINTON, MS 39060	04-2576267	501(C)(6)	49,000.	0.			DEVELOP TOOLS FOR COMMUNITY AND PROVIDER TOOLKIT
NATIONAL COMMUNITY ACTION 1020 19TH STREET, NW, SUITE 700 WASHINGTON, DC 20036	52-1219782		280,620.	0.			CDC COVID-19 IMPACT WITHIN RACIAL AND ETHNIC COMMUNITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL HISPANIC MEDICAL ASSOCIATION - 1920 L STREET, NW, SUITE 725 - WASHINGTON, DC 20037	52-1884446		48,000.	0.			VACCINE EQUITY ADVISORY COMMITTEE
NAT'L ASSOC OF STATE OFFICES OF MINORITY HEALTH - 3737 N. MERIDIAN STREET, SUITE 300 - INDIANAPOLIS, IN 46208	30-0330877	501(C)(3)	102,500.	0.			PROVIDE TA TO SOMH/HE DIRECTORS
NEW MEXICO DEPARTMENT OF HEALTH 407 GALISTEO ST. , ROOM 166 SANTA FE, NM 87501	85-6000565		235,978.	0.			MULTI-STATE NETWORK OF LINKED PRAMS SYSTEM DATA
OHIO DEPARTMENT OF HEALTH 600 N RIVER ROAD TIFFIN, OH 44883	31-6060347	501(C)(3)	50,000.	0.			READINESS AND PERFORMANCE IMPROVEMENT TECHNICAL ASSISTANCE (TA) TO STATES PROJECT
PACIFIC ISLAND HEALTH OFFICERS ASSOCIATION - 733 BISHOP STREET, SUITE 1820 - HONOLULU, HI 96813	20-0298040		15,000.	0.			VACCINE EQUITY ADVISORY COMMITTEE
PALMETTO COMMUNITY ACTION PARTNERSHP - 1069 KING STREET - CHARLESTON, SC 29403	57-0816782		425,000.	0.			VACCINE EQUITY COMMUNITY SITE
PHFE DBA HELUNA HEALTH 13300 CROSSROADS PARKWAY NORTH, SUITE 450 - CITY OF INDUSTRY, CA 91746	95-2557063		93,554.	0.			IMPROVING SOCIAL DETERMINANTS OF HEALTH (SDOH)-GETTING FURTHER FASTER
PICKENS COUNTY COMMUNITY ACTION COMMITTEE AND CDC, INC. - 71 LAKESIDE ST. - CARROLLTON, AL 35442	63-0515016		205,000.	0.			VACCINE EQUITY COMMUNITY SITE
RIESTER INFLUENCE LLC DBA REISTER PUBLIC AFFAIRS - 4075 WILSON BOULEVARD, EIGHT FLOOR, SUITE 856 - ARLINGTON, VA 22203	84-4820845		15,000.	0.			ONE-ON-ONE MEDIA TRAININGS & LOCAL TELEVISION MARKET MEDIA TOUR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE OF ALASKA DEPARTMENT OF ADMINISTRATION - P.O. BOX 110204 - JUNEAU, AK 99811-0204	92-6001185		420,727.	0.			CREATE A NETWORK OF STATES, TERRITORIES AND JURISDICTIONS AS THEY BUILD CAPACITY
STATE OF MONTANA, DPHHS P.O. BOX 4210 HELENA, MT 59604	81-0302402		33,555.	0.			MULTI-STATE NETWORK OF LINKED PRAMS SYSTEM DATA
STATE OF NEBRASKA, DEPT OF HEALTH & HUMAN SERVICES - 301 CENTENNIAL MALL SOUTH, P.O. BOX 9502626 - LINCOLN, NE 58509-5026	47-0491233		30,000.	0.			MULTI-STATE NETWORK OF LINKED PRAMS SYSTEM DATA
STATE OF RHODE ISLAND THREE CAPITAL PROVIDENCE, RI 02908-5097	05-6000522		10,000.	0.			MULTI-STATE NETWORK OF LINKED PRAMS SYSTEM DATA
STATE OF UTAH- DEPARTMENT OF HEALTH - P.O. BOX 144003 - SALT LAKE CITY, UTAH, BULGARIA 84114-4003	87-6000545	501(C)(3)	87,500.	0.			BUILDING STATE PUBLIC HEALTH DEPARTMENT CAPACITY TO SUPPORT BREASTFEEDING
STATE OF TENNESSEE DEPARTMENT OF HEALTH - 710 JAMES ROBERTSON PARKWAY, 2ND FLOOR - NASHVILLE, TN 37243	62-6001445		40,289.	0.			PARTICIPATE IN A LEARNING COMMUNITY TO CONDUCT DATA LINKAGES BETWEEN PRAMS CLINICAL OUTCOMES DATA
THE NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674		61,500.	0.			STATE PARTNERSHIPS FOR POPULATION HEALTH
THE UNIVERSITY OF NEW MEXICO 1 UNIVERISTY OF NEW MEXICO, MSC01 1 ALBUQUERQUE, NM 87131	85-6000642		301,367.	0.			BUILDING STATE PREPAREDNESS TO THE OPIOID OVERDOSE EPIDEMIC
WEST VIRGINIA HEALTH INFORMATION NETWORK, INC. - 124 11TH AVENUE, EAST - HUNTINGTON, WV 25701	82-3386945		137,569.	0.			COVID-19 IMMUNIZATION DATA EXCHANGE, ADVANCEMENT & SHARING (IDEAS)

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

PAYMENT OF FUNDS IS TIED TO PERFORMANCE BY INVOKING SPECIFIC MILESTONES

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

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

TERMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

COLORADO DEPT OF PUBLIC HEALTH & ENVIRONMENT

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

NAME OF ORGANIZATION OR GOVERNMENT: MINNESOTA DEPARTMENT OF HEALTH

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

NAME OF ORGANIZATION OR GOVERNMENT:

PRESIDENT AND FELLOWS OF HARVARD COLLEGE

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

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL PUBLIC HEALTH INFORMATION COALITION

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

NAME OF ORGANIZATION OR GOVERNMENT: COMMONWEALTH OF PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENTING MOU'S BETWEEN STATE
HEALTH DEPARTMENTS AND PHARMACIES FOR PANDEMIC INFLUENZA VACCINE PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: MEDICAL COLLEGE OF WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCING GEORGIA PUBLIC HEALTH
SYSTEM VIOLENCE SURVEILLANCE & PARTNERSHIP ACTIVITIES BASED ON THE
CARDIFF MODEL

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CIVITAS NETWORKS FOR HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAM PLANNING AND

IMPLEMENTATION, TECHNICAL, POLICY AND RESEARCH SUPPORT FOR THE ONC

IMMUNIZATION DATA EXCHANGE, ADVANCEMENT AND SHARING (IDEAS) PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: FACILITATIVE INSIGHTS, LLC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESSING NEEDS OF PEOPLE WITH

DISABILITIES IN COVID19 STATE PREPAREDNESS PLANNING, MITIGATION AND

RECOVERY

NAME OF ORGANIZATION OR GOVERNMENT:

GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESSING THE NEEDS OF PEOPLE WITH

DISABILITIES IN COVID-19 STATE AND TERRITORIAL PREPAREDNESS PLANNING,

MITIGATION AND RECOVERY EFFORTS

NAME OF ORGANIZATION OR GOVERNMENT:

STATE OF TENNESSEE DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTICIPATE IN A LEARNING COMMUNITY

TO CONDUCT DATA LINKAGES BETWEEN PRAMS CLINICAL OUTCOMES DATA SETS

NAME OF ORGANIZATION OR GOVERNMENT: WORLD INSTITUTE ON DISABILITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESSING NEEDS OF PEOPLE WITH

DISABILITIES IN COVID19 STATE PREPAREDNESS PLANNING, MITIGATION AND

RECOVERY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
35-1044487

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
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) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL ROBERT FRASER CHIEF EXECUTIVE OFFICER	(i)	396,346.	54,880.	0.	26,000.	11,874.	489,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARCUS G. PLESCIA SENIOR VICE PRESIDENT	(i)	287,542.	25,033.	0.	26,000.	896.	339,471.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ZARNAAZ BASHIR DEPUTY CEO	(i)	215,112.	21,170.	0.	19,500.	27,504.	283,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN LANE CHIEF PROGRAM OFFICER	(i)	214,487.	39,515.	0.	0.	27,504.	281,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAROLYN MULLEN SENIOR VICE PRESIDENT	(i)	220,873.	21,083.	0.	17,940.	0.	259,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ADAM D. STALEY SENIOR VICE PRESIDENT	(i)	218,069.	21,065.	0.	12,600.	763.	252,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMBER N. WILLIAMS SENIOR VICE PRESIDENT	(i)	222,342.	21,083.	0.	0.	0.	243,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHRISTINE MACKIE VICE-PRESIDENT	(i)	189,723.	15,963.	0.	1,300.	19,680.	226,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JAMIE PINA VICE-PRESIDENT	(i)	138,166.	13,843.	0.	456.	5,252.	157,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

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

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

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number	35-1044487
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO SUPPORT, EQUIP, AND ADVOCATE FOR STATE AND TERRITORIAL HEALTH

OFFICIALS IN THEIR WORK OF ADVANCING THE PUBLIC'S HEALTH AND

WELL-BEING.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

CARIBBEAN OPERATIONS IN TERRITORIAL SUPPORT WAS DISCONTINUED.

FORM 990, PART III, LINE 4A:

COMMUNITY HEALTH AND DISEASE PREVENTION (INCLUDING SOCIAL & BEHAVIORAL

HEALTH):

THE COMMUNITY HEALTH AND DISEASE PREVENTION PROGRAM AREA PROVIDES

LEADERSHIP SUPPORT AND CAPACITY BUILDING TO POSITION STATE AND

TERRITORIAL HEALTH OFFICIALS AS CHIEF HEALTH STRATEGISTS IN THEIR

JURISDICTIONS TO IMPROVE POPULATION HEALTH IN THREE DISTINCT BUT

COORDINATED AREAS OR POPULATIONS: FAMILY AND CHILD HEALTH; MATERNAL AND

INFANT HEALTH; AND CHRONIC DISEASE. IN 2021 AND 2022, ASTHO MOBILIZED

TO SUPPORT OUR MEMBERS ACROSS THE COUNTRY THROUGH CAPACITY BUILDING,

TECHNICAL ASSISTANCE, AND THOUGHT LEADERSHIP. THE TEAM EXCELS IN

PROVIDING A ROBUST CONTINUUM OF TECHNICAL ASSISTANCE DESIGNED TO

SUPPORT STATE AND TERRITORIAL HEALTH AGENCIES WITH THE DEVELOPMENT,

IMPLEMENTATION, AND EVALUATION OF PROGRAMMATIC OR PERFORMANCE AREAS AND

EXEMPLIFIES THIS THROUGH THE FOLLOWING MULTI-SECTOR LEARNING

COMMUNITIES:

- OPIOID USE DISORDER, MATERNAL OUTCOMES, AND NEONATAL ABSTINENCE

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

Schedule O (Form 990) 2021

Name of the organization	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number	35-1044487
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SYNDROME INITIATIVE (OMNI) LEARNING COMMUNITY BUILT CAPACITY IN 15 STATES TO IMPLEMENT SYSTEMS-LEVEL PROGRAM AND POLICY IMPLEMENTATION RELATED TO PREGNANT AND POSTPARTUM WOMEN WITH OPIOID USE, MISUSE, AND DEPENDENCE AND PROVIDED LOCAL ENHANCEMENTS TO PROVIDE FIVE STATES (FL, KY, NV, OH, WA) WITH FIELD-BASED SUPPORT TO ENHANCE THEIR CAPACITY TO DEVELOP AND IMPLEMENT GOALS.

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

MULTI-STATE LEARNING COMMUNITY ON PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) DATA LINKAGE WITH CLINICAL OUTCOMES DATA. FOCUS ON PROVIDING TECHNICAL ASSISTANCE TO STATES TO USE STANDARDIZED METHODOLOGY TO LINK DATA; SUPPORT PRIORITY PATIENT-CENTERED OUTCOMES RESEARCH FOR MATERNAL AND CHILD HEALTH; AND SUPPORT A PROCESS FOR RECEIVING DE-IDENTIFIED DATA FROM MULTIPLE STATES, HOSTING AND ACCESSING LINKED DATA FOR CDC AND EXTERNAL RESEARCHERS, AND DOCUMENTATION FOR SUSTAINABILITY AND REPLICATION OF PROJECT.

- THE 16-STATE BREASTFEEDING LEARNING COMMUNITY ENHANCED

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

- ASTHO, IN COLLABORATION WITH OTHER NATIONAL PARTNERS ARE WORKING

WITH STATES AND COMMUNITIES ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH (SDOH) TO IMPACT HEALTH OUTCOMES IN THEIR COMMUNITIES. DEMONSTRATED IMPACT ON CHRONIC DISEASE PREVENTION IN ONE OF FIVE AREAS OF SOCIAL DETERMINANTS OF HEALTH (SDOH): A) BUILT ENVIRONMENT, B) COMMUNITY-CLINICAL LINKAGES, C) FOOD AND NUTRITION SECURITY, D) SOCIAL CONNECTEDNESS, AND E) TOBACCO-FREE POLICY. ASTHO IS ALSO WORKING WITH

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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AN EVALUATOR ON RETROSPECTIVE EVALUATION. THEIR FINAL REPORT WILL
 BUILD THE EVIDENCE FOR SUCCESSFUL EXAMPLES OF USING COMMUNITY BENEFIT
 TO ADDRESS SDOH AND IMPACT HEALTH OUTCOMES.

- ASTHO'S TOBACCO PREVENTION AND CONTROL PROGRAM EXISTS TO BUILD
 CAPACITY FOR COMPREHENSIVE TOBACCO PROGRAMS WITHIN STATE AND
 TERRITORIAL PUBLIC HEALTH DEPARTMENTS BY (1) GUIDING EXECUTIVE
 LEADERSHIP IN DRAFTING AND INTERPRETING TOBACCO POLICY LANGUAGE, (2)
 TRANSLATING EVIDENCE-BASED STRATEGIES INTO PRACTICE, (3) INTERPRETING
 THE IMPACT OF TOBACCO CONTROL POLICIES ACROSS INTERSECTING PUBLIC
 HEALTH AREAS (I.E. OTHER CHRONIC DISEASES, SOCIAL DETERMINANTS OF
 HEALTH, ETC.), AND (4) PROVIDING EDUCATION ON POLICY AND SYSTEMS
 CHANGES IMPACTING HEALTH DISPARITIES.

THE SOCIAL AND BEHAVIORAL HEALTH PROVIDES LEADERSHIP SUPPORT AND
 CAPACITY BUILDING TO POSITION STATE AND TERRITORIAL HEALTH OFFICIALS
 AND THEIR AGENCIES TO ADDRESS OVERDOSE PREVENTION, SUICIDE PREVENTION,
 THE PREVENTION OF ADVERSE CHILDHOOD EXPERIENCES, INJURY PREVENTION,
 VIOLENCE PREVENTION, AND MENTAL HEALTH PROMOTION. THE TEAM IS ORGANIZED
 FOUR DISTINCT BUT COORDINATED PROJECT TEAMS: BEHAVIORAL HEALTH STATES
 AND TERRITORIES; OVERDOSE DATA TO ACTION; OPIOID PREPAREDNESS, RESPONSE
 AND SURVEILLANCE; AND PUBLIC AND BEHAVIORAL HEALTH INTEGRATION. IN
 2021/2022, ASTHO MOBILIZED TO SUPPORT OUR MEMBERS ACROSS THE COUNTRY
 THROUGH CAPACITY BUILDING, TECHNICAL ASSISTANCE, AND THOUGHT
 LEADERSHIP. THE TEAM EXCELS IN PROVIDING A ROBUST CONTINUUM OF
 TECHNICAL ASSISTANCE DESIGNED TO SUPPORT STATE AND TERRITORIAL HEALTH
 AGENCIES WITH THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF
 PROGRAMMATIC OR PERFORMANCE AREAS AS DEMONSTRATED IN THE FOLLOWING
 ACCOMPLISHMENTS.

Name of the organization ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	Employer identification number 35-1044487
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- ASTHO CONVENED MULTIPLE IN-PERSON AND VIRTUAL CAPACITY-BUILDING EVENTS RELATED TO OVERDOSE, SUICIDE, AND ADVERSE CHILDHOOD EXPERIENCE (ACE) PREVENTION: CDC'S OVERDOSE DATA TO ACTION ANNUAL MEETING FOR OVER 1200 ATTENDEES (47 STATES, TWO TERRITORIES, AND 17 CITIES/COUNTIES), PILOT LEADERSHIP TRAINING FOR PRINCIPAL INVESTIGATORS (NY, MD, PR, AND CUYAHOGA COUNTY OH), ACESLEARNING COMMUNITY (MI, CT, GA, AND MA), AND THE SUICIDE AND OPIOID OVERDOSE PREVENTION PUBLIC HEALTH INITIATIVE (CO AND ME).

- ASTHO SUPPORTED THE FEDERAL STATES OF MICRONESIA (FSM) AND PUERTO RICO (PR) IN BUILDING THEIR CAPACITY TO RESPOND TO THE OPIOID EPIDEMIC. FOR FSM, ASTHO FOCUSED ON EDUCATING PROVIDERS ON THE CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN AND TRAINING FIRST RESPONDERS AND COMMUNITY MEMBERS ON OVERDOSE RECOGNITION AND NALOXONE ADMINISTRATION. THEN FOR PR, ASTHO PROVIDED RESOURCES AND WEBINARS ON NEONATAL ABSTINENCE SYNDROME, MANDATORY REPORTING OF OVERDOSES, LAW ENFORCEMENT ENGAGEMENT, AND PARTNERSHIP BUILDING.

- ASTHO SUPPORTED 10 STATES (AK, CT, DE, KS, MD, NJ, OH, PA, UT, WV) TO ENHANCE THEIR CAPACITY TO RESPOND TO DISRUPTIONS IN ACCESS TO OPIOID PRESCRIPTIONS, SUCH AS THOSE THAT OCCUR WHEN A LAW ENFORCEMENT ACTION IS TAKEN AGAINST A HEALTHCARE PROVIDER. THIS CAPACITY-BUILDING SUPPORT RESULTED IN INCREASED STATE READINESS AND PREPAREDNESS TO PROVIDE CONTINUITY OF CARE FOR PATIENTS AFFECTED BY A DISRUPTION.

- ASTHO IMPLEMENTED THE PROJECT ECHO ON OVERDOSE FATALITY INVESTIGATION TECHNIQUES (OD-FIT) TO IMPROVE MEDICAL EXAMINER AND

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CORONER REPORTING OF OVERDOSE MORTALITY DATA. THE MONTHLY VIRTUAL

OD-FIT SESSIONS INCLUDE DIDACTIC TRAINING ON SCENE INVESTIGATION,

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

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

OF 80 PARTICIPANTS AND PROVIDE IMPORTANT OPPORTUNITIES FOR PEER

ENGAGEMENT AND ACCESS TO MENTORSHIP FOR MEDICOLEGAL DEATH

INVESTIGATORS.

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

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

ATTENDED WITH 60 PARTICIPANTS FROM LOCAL EDUCATION AGENCIES, LOCAL

HEALTH DEPARTMENTS, AND STATE HEALTH DEPARTMENTS. IT FEATURED

PRESENTATIONS FROM LOCAL, STATE, AND NATIONAL EXPERTS AND OFFERED

OPPORTUNITIES FOR ENGAGEMENT TO ENHANCE EDUCATION AND PUBLIC HEALTH

COLLABORATIONS.

FORM 990, PART III, LINE 4B:

HEALTH SECURITY:

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

NATURAL DISASTERS, DISEASE OUTBREAKS AND PANDEMICS, DELIBERATE ATTACKS,

ENVIRONMENTAL CATASTROPHES, AND OTHER HEALTH THREATS AND IS COMPRISED

OF FOUR SEPARATE BUT INTEGRATED TEAMS: PREPAREDNESS, INFECTIOUS

DISEASES INFRASTRUCTURE AND POLICY, EMERGING INFECTIOUS DISEASES, AND

ENVIRONMENTAL HEALTH.

IN 2022, ASTHO'S HSU LARGELY FOCUSED ON CONTINUING TO SUPPORT ITS

MEMBERS ACROSS THE COUNTRY BY PROVIDING SITUATIONAL AWARENESS,

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

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

ASTHO'S AFFILIATES

NATIONAL GOVERNORS ASSOCIATION

COUNCIL OF CHIEF STATE SCHOOL OFFICERS

ASTHO, IN CONJUNCTION WITH THE AMERICAN PHARMACISTS ASSOCIATION, FORMED
 THE NATIONAL ASSOCIATIONS' COVID VACCINE LEADERSHIP COUNCIL. THE

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COUNCIL IS A COLLABORATION OF 19 HEALTHCARE AND PUBLIC HEALTH

ORGANIZATIONS WHICH SUPPORT AND IMPLEMENT THE NATION'S COVID-19

VACCINATION PLAN.

IN ADDITION TO THE RESPONSE TO COVID-19, ASTHO'S HSU DEVELOPED AND

LAUNCHED THE ENVIRONMENTAL HEALTH PROGRAMS AND SERVICES PORTAL WHICH

INCLUDES A DASHBOARD WITH THE DATA AS WELL AS FACTSHEETS WITH KEY

FINDINGS ON SEVERAL KEY ENVIRONMENTAL HEALTH TOPICS. HSU HAS ALSO

WORKED TO LEAD STATES THROUGH A PROCESS TO RESHAPE THE EXISTING PUBLIC

HEALTH EMERGENCY PREPAREDNESS (PHEP) FRAMEWORK INTO A MORE RESILIENT,

ADAPTABLE, AND INCLUSIVELY COMPETENT SYSTEM. WE ARE OPTIMISTIC THAT

THIS PROJECT WILL RESULT IN IMPROVED PUBLIC HEALTH PREPAREDNESS AND

CLARITY OF THE ROLES AND RESPONSIBILITIES OF LOCAL, STATE, TERRITORIAL,

AND FEDERAL AGENCIES IN RESPONSE TO PUBLIC HEALTH THREATS.

THE HSU HOSTED THE NATIONAL HEPATITIS MEETING 2021 - MOVING TOWARD

VIRAL HEPATITIS ELIMINATION IN THE UNITED STATES, CONVENING MORE THAN

200 HEALTH DEPARTMENT STAFF AND PARTNERS TO DISCUSS PROGRESS ON VIRAL

HEPATITIS ELIMINATION, STRATEGIES FOR SUPPORTING HIGH-IMPACT

PREVENTION, TO CONNECT LEADERS AND PROGRAM STAFF ACROSS JURISDICTIONS,

AND TO SHARE LESSONS FROM THE COVID-19 RESPONSE FOR FUTURE ELIMINATION

EFFORTS. THE HSU ALSO CONTINUES TO CO-LEAD THE COUNCIL OF OUTBREAK

RESPONSE: HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIMICROBIAL-RESISTANT

PATHOGENS (CORHA) WHICH AIMS TO IMPROVE PRACTICES AND POLICIES AT THE

LOCAL, STATE, AND NATIONAL LEVELS FOR DETECTION, INVESTIGATION,

CONTROL, AND PREVENTION OF HAI/AR OUTBREAKS ACROSS THE HEALTHCARE

CONTINUUM.

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FORM 990, PART III, LINE 4C:

CARIBBEAN OPERATIONS:

ASTHO'S CARIBBEAN OPERATIONS TEAM IS ASSIGNED TO THE HURRICANE CRISIS

GRANT FUNDED ACTIVITIES IN PUERTO RICO AND THE U.S. VIRGIN ISLANDS.

THE ACTIVITIES INCLUDE MANAGING A SUB-AWARD TO HIRE AND PLACE STAFF IN

HEALTH DEPARTMENT PROGRAMS, PROCURE EQUIPMENT AND SUPPLIES THAT ARE

NEEDED FOR DEPARTMENT OPERATIONS, AND THE FACILITATION OF CONTRACTS TO

PROVIDE TECHNICAL ASSISTANCE TO VARIOUS PROGRAMS IN THE AGENCIES.

ASTHO ASSISTS PUERTO RICO AND THE U.S. VIRGIN ISLANDS IN RESPONSE AND

RECOVERY EFFORTS TO BUILD CAPACITY AND RESILIENCE BY PROVIDING PUBLIC

HEALTH INFRASTRUCTURAL SUPPORT THAT IS ACUTE SUSTAINABLE. THE

CARIBBEAN OPERATIONS TEAM SUPPLEMENTS THE PUBLIC HEALTH WORKFORCE IN

KEY AREAS SUCH AS ENVIRONMENTAL HEALTH, NURSING AND EPIDEMIOLOGY.

FORM 990, PART III, LINE 4D:

CENTER FOR POPULATION HEALTH STRATEGIES/POPULATION HEALTH AND

INNOVATION:

CENTER FOR POPULATION HEALTH STRATEGIES PROGRAM AREA PROVIDES

LEADERSHIP SUPPORT AND CAPACITY BUILDING TO POSITION STATE AND

TERRITORIAL HEALTH OFFICIALS AS CHIEF HEALTH STRATEGISTS IN THEIR

JURISDICTIONS. THE CENTER ALSO PROVIDES LEADERSHIP ON BUILDING STATE

CAPACITY TO ADDRESS HEALTH EQUITY BY CREATING AND SUPPORTING TOOLS AND

RESOURCES FOR THE INCLUSION OF HEALTH EQUITY LANGUAGE IN PROPOSALS AND

CONTRACTS. THIS PROGRAM BECAME A MAJOR PROGRAM AS OF FY 2022.

CROSS CUTTING PROGRAMS:

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THIS WORK ADDRESSES THE HIGHEST PRIORITIES OF THE SELECTED TARGET

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

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

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

COUNCIL IS ENGAGED IN CAPACITY BUILDING ASSISTANCE PROVIDED IN A

NUMBER OF AREAS INCLUDING WORKFORCE DEVELOPMENT, HEALTH EQUITY, AND THE

INTEGRATION OF PUBLIC HEALTH AND CLINICAL MEDICINE. THE FOLLOWING WILL

BENEFIT - PUBLIC HEALTH NURSES, EPIDEMIOLOGISTS, LABORATORIANS, PUBLIC

INFORMATION OFFICERS, SOCIAL WORKERS, HEALTH EDUCATORS, HEALTH FACILITY

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

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

DENTAL, NUTRITION, VECTOR CONTROL, AND EMERGENCY MEDICAL SERVICE

PROGRAMS.

PERFORMANCE IMPROVEMENT, RESEARCH AND EVALUATION:

THE PERFORMANCE IMPROVEMENT, RESEARCH AND EVALUATION TEAM STRENGTHENS

THE PUBLIC HEALTH INFRASTRUCTURE BY UNDERTAKING RESEARCH AND EVALUATION

NECESSARY TO INFORM AND SUPPORT DATA-DRIVEN DECISION-MAKING, PROVIDING

TECHNICAL ASSISTANCE AND SUPPORTING PEER-TO-PEER NETWORKING TO BUILD

INTERNAL CAPACITY, AND COMMUNICATING THE IMPACT AND VALUE OF PUBLIC

HEALTH.

MEMBER ENGAGEMENT:

THROUGH THE FORMATION AND CONVENING OF PEER NETWORKS, ASTHO SUPPORTS

ALL LEVELS OF STATE AND TERRITORIAL LEADERSHIP TEAMS, INCLUDING SENIOR

DEPUTIES. ASTHO'S LEADERSHIP INSTITUTE PROVIDES LEADERSHIP DEVELOPMENT

TO NEW HEALTH OFFICIALS AND THEIR TEAMS AS WELL AS ONGOING SUPPORT AND

TRAINING.

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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, 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.

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

THE BOARD, AUDIT COMMITTEE, AND FINANCE COMMITTEE ARE PROVIDED A COPY OF
THE IRS FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING THE FORM WITH THE
IRS.

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

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

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

THE PROCESS OF DETERMINING CEO COMPENSATION INCLUDED REVIEW OF FORM 990 OF
OTHER ORGANIZATIONS, A WRITTEN EMPLOYMENT CONTRACT, COMPENSATION
STUDIES/SURVEYS AS WELL AS APPROVAL BY THE BOARD. ASTHO'S INTERNAL
COMPENSATION PLAN, WHICH IS BASED ON PUBLISHED SALARY SURVEYS, WAS USED TO
DETERMINE SALARIES FOR TOP MANAGEMENT OFFICIALS, OTHER OFFICERS AND KEY
EMPLOYEES.

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

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

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

PROFESSIONAL SERVICES AND CONTRACTORS:

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PROGRAM SERVICE EXPENSES	9,450,038.
MANAGEMENT AND GENERAL EXPENSES	737,762.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,187,800.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,187,800.