

2015 ANNUAL REPORT



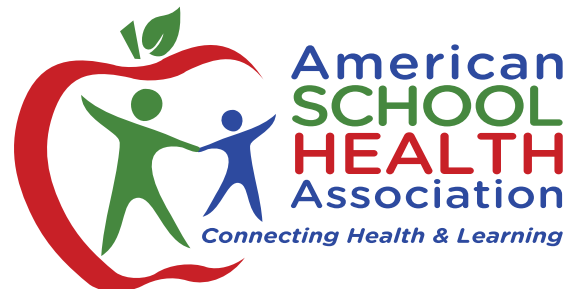
American
SCHOOL
HEALTH
Association

Connecting Health & Learning

2015 ANNUAL REPORT

AMERICAN SCHOOL HEALTH ASSOCIATION

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Ashley Dowling, Coordinator, Membership & Education
Erin Price, Manager, Fundraising & Sponsorship

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McLean, VA 22102
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Fax: 703-506-3266
Email: info@ashaweb.org
Website: www.ashaweb.org

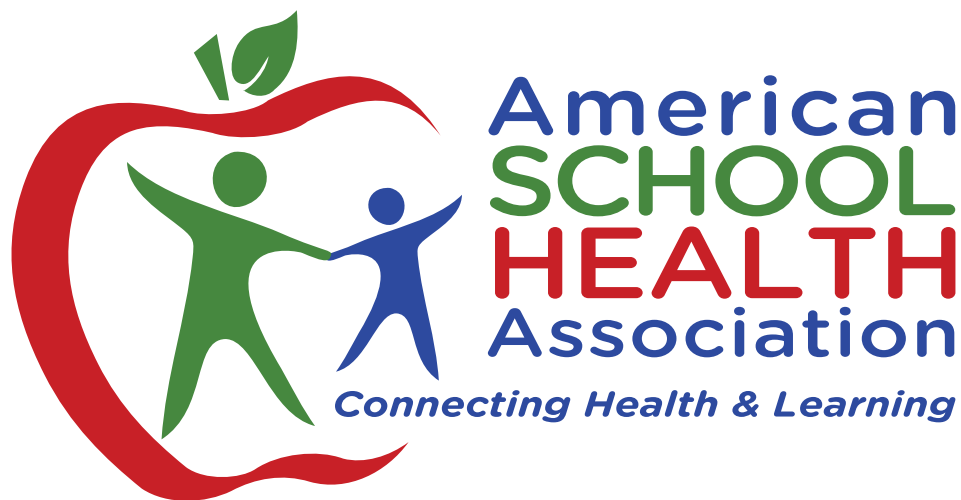
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MISSION, PURPOSE AND HISTORY

The mission of the American School Health Association (ASHA) is to transform all schools into places where every student learns and thrives. ASHA envisions healthy students who learn and achieve in safe and healthy environments nurtured by caring adults functioning within coordinated school and community support systems. Its members include school nurses, school physicians, health educators, physical educators, school counselors, social workers, psychologists, school administrators, and other education and health stakeholders.

For more than 80 years, ASHA has advocated for quality school health programs for every child. ASHA proudly serves as the only multidisciplinary national membership organization supporting a coordinated and collaborative approach to school health. ASHA was founded at the annual meeting of the American Public Health Association (APHA) on October 27, 1927. Known then as the American Association of School Physicians, the new organization's first president was William A. Howe, MD. Interest in the association grew so rapidly that in 1936, it opened its membership to all professionals interested in promoting school health, and the organization officially became the American School Health Association.

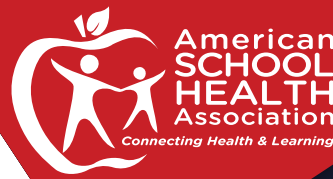


2015: THE YEAR IN REVIEW

*We have a choice.
We can simply defend what we have...
or we can create what we need.*

— Gary Marx, Futurist

PRESIDENT'S MESSAGE



ASHA 2015
ANNUAL REPORT

Linda L. Morse, RN, MA, RCHES, FASHA

Change is the law of life. And those who look only to the past or present are certain to miss the future.

— President John F. Kennedy



The ASHA Board of Directors recognized that in order for the association to exist, thrive, be relevant and influential, it must make bold changes. Taking a more future-oriented approach, it adopted a new mission focused on creating schools that foster health and wellness and, at the same time, support student achievement. In other words, ASHA embraced the “whole child” approach described in the Whole School, Whole Community, Whole Child (WSCC) model developed by ASCD and the CDC. This broader viewpoint extends ASHA’s mission and vision to focus on the synergistic relationship between health and education. ASHA, as a multidisciplinary organization, is in a unique position to influence and support this transformation. While change is not easy, ASHA continues to challenge health and education to connect and collaborate.

ASHA had to break down silos within the organization first, before attempting to model that behavior for others. We eliminated sections and councils and focused on collaboration and learning across disciplines. In order to accomplish this, new structures were created to support the work of the organization and increase collaboration within the Board of Directors. Two standing committees of board members were created: Governance and Finance. The Governance Committee, chaired by ASHA’s vice president Ty Oehrtman, is responsible for board operations such as the organization’s bylaws and policy manual. This committee provided input on the development of a new Board Orientation Manual that is easily updated and provides all board members with access to materials necessary to conduct ASHA business. In mid-December of each year, the Board now conducts an orientation meeting for new board members and a “refresher” for current board members. This committee ensures that the board complies with the bylaws and policies.

The Finance Committee, chaired by ASHA’s treasurer Sharon Murray, regularly reviewed the organization’s financial statements, assisted with budget development, and provided oversight for short- and long-term investments. The finance committee worked with ASHA’s executive director to ensure compliance with all reporting requirements and the audit. In addition to these routine procedures, the finance committee oversaw the creation of a new dashboard financial tool to assist the board in monitoring finances, and led negotiations with ASHA’s management company for a discount on management fees to help ASHA pay down its debt and position it for long-term sustainability.

With the board structures in place, ASHA needed a plan of action. Though ASHA conducted an extensive process in 2010 resulting in a three-year strategic plan, it became quickly outdated due to many changes in the organization. However, the 2015 board acknowledged the extensive input of ASHA members into that process and subsequently used that framework to develop a 2015-16 strategic plan addressing new priorities and goals. This new plan was framed to address ASHA’s staffing and committee structures. Adopted by the Board in April, this two-year strategic plan was designed to bridge the transition to new structures and leadership within the organization. The [2015-16 Strategic Plan](#) was built around the same five key areas identified in the 2010 plan: Advocacy, Communication, Education, Leadership and Prosperity.

With new bylaws, new committee structures, and a plan of action, ASHA asked members to identify key areas for advocacy efforts. From this survey, the Advocacy Committee, under the direction of chair Sandy Klarenbeek, identified advocacy priorities for 2015-2016. The “On-the Spot” advocacy subcommittee was created to quickly respond to requests for ASHA’s support on issues and legislation. A list of [Sign-Ons and Statements of Support](#) was posted on ASHA’s new advocacy webpage. ASHA also actively participates as a steering

committee member of the Student Health Advocacy Coalition (SHAC), a coalition of over 35 national organizations focused on health and/or education. Members of SHAC meet frequently in Washington, DC for coalition meetings, Congressional member and staff meetings, and occasionally host Congressional briefings on Capitol Hill. In September, ASHA approved its first position paper, [A Coordinated Approach to Support Health and Learning](#). Going forward, ASHA's [position papers](#) will focus on issues identified by ASHA members and are designed to be used as advocacy and education tools. Finally, ASHA's advocacy committee conducted a three-hour advocacy forum at the October conference in Orlando, providing participants with hands-on strategies to enhance their own advocacy efforts.

The Research and Publications Committee, under the direction of chair Larry Olsen, aims to increase school health knowledge through research and publications. The committee works with editor Robert McDermott to produce ASHA's publication, the *Journal of School Health* (JOSH). The JOSH continues to provide school health practitioners with timely and useful information. I am pleased to report that the JOSH 2-year impact factor improved from 1.434 in 2014 to 1.547 in 2015; and the 5-year impact factor improved from 2.104 in 2014 to 2.160 in 2015.

In November 2015, a special issue of the JOSH, supported by funding from the Centers for Disease Control and Prevention, focused on the WSCC model. The timely release of this issue coincided with the annual conference in Orlando, FL where keynote speaker Kenneth Ginsburg, MD, MEd talked about "Resilience in Action: Preparing Children and Adolescents to Thrive". Dr. Ginsburg challenged participants to engage in strength-based approaches to youth development—a whole child approach.

The Professional Development Committee, under the leadership of chair Jeanie Alter, oversees the development and implementation of learning opportunities that support ASHA's mission and [Core Beliefs](#). The 2015 conference held in Orlando, FL began with a new offering: "forums" focused on Advocacy; Teaching and Learning; and Research and Emerging Issues. The conference also featured ASHA's first "Sip and Stroll" poster session as well as concurrent sessions across four tracks: Administration, Coordination and Leadership; Programs and Services; Research and Emerging Issues; and Teaching and Learning. In addition, the committee supported four webinars on a variety of school health topics, attracting over 1,100 registrants. All educational offerings are reviewed for CEUs which are available to ASHA members at no cost.

ASHA also has a long-standing history of recognizing outstanding contributions to the field of school health and to the organization itself. The organization envisioned new ways to honor the multidisciplinary focus of its membership while still retaining those awards that reflect ASHA's history and commitment to the field. The Leadership and Recognition Committee, led by chair Beth McNeill, is laying the groundwork for new award categories to be phased in over the next few years. This committee has also updated ASHA's scholarship program. While the Future Leaders Academy (FLA) was "on hold" during the organizational restructuring, it recruited a new class in 2015, enabling ASHA to continue to develop a leadership pipeline for the future.

Finally, ASHA has improved communications with members. After unveiling its new branding and website in 2014, ASHA began continuously evaluating its communications for content and ease of use. Members began receiving a bi-weekly (now weekly) e-newsletter, *School Health Action*, focused on emerging issues and topics. ASHA used the Comprehensive Health Education Network (CHEN) listserv, Facebook and Twitter to communicate with members and the public about timely school health issues. In 2015, there were 14 ASHA Blogs posted on the website, authored by various ASHA Board members.

When I joined the ASHA Board of Directors in 2010, it was an exciting time. Little did I realize then that the organization would undergo significant changes while still trying to retain its purpose and honor its history. The new and improved ASHA has been designed to be mission-driven, fiscally sound and influential. We now envision schools where every student learns and thrives. We can make that happen. Change is the law of life.

— Linda L. Morse

EXECUTIVE DIRECTOR'S MESSAGE

Lee K. Lowery, MPA, CAE



Thanks to the diligent work completed in 2014, ASHA sailed into 2015 with a refreshed logo, a streamlined and user-friendly website, clean member data and a state-of-the-art association management system. With this new infrastructure in place, ASHA was able to focus on developing external funding and making improvements to the annual conference offerings.

ASHA established its [corporate partnership program](#) which provides year round visibility opportunities to organizations that support ASHA's mission to transform all schools into places where every student learns and thrives. Sanofi Pasteur became our first corporate partner, at the "Patron" level. We collaborated with Sanofi Pasteur in a number of ways throughout the year, including co-hosting and promoting the webinar titled, "Head Lice Treatment: Heading Off an Ancient Adversary" which attracted over 430 registrants and has over 900 views on ASHA's YouTube channel.

ASHA leveraged its flagship journal, the *Journal of School Health* (JOSH), to identify new and increased revenues for the association. We announced a request for proposals for publishing services for the journal and secured a new contract which, in addition to competitive subscription revenue, will yield a total of \$216,000 to the association over three years, beginning in 2016. Also, as mentioned in the President's Message above, ASHA secured funding from the Centers for Disease Control and Prevention (CDC) to produce a [special issue of the Journal of School Health \(JOSH\) on the topic of the Whole School, Whole Community, Whole Child model \(WSCC\)](#) co-developed by the CDC and ASCD.

ASHA secured three new annual conference sponsors, in addition to four other returning sponsors, meeting its 2015 sponsorship goal. In order to maximize the exhibit hall experience for both attendees and our corporate supporters, we developed an interactive scavenger hunt game which was deemed successful by all participants and will become a recurring exhibit hall feature.

ASHA continued to refine the annual conference offerings to incorporate other new features as well. We created the new "Sip & Stroll" poster session which included thoughtfully placed poster sessions by category, a color-coded roadmap of the 62 posters to guide attendees around the hall, and a couple of cash bars for thirsty attendees to enjoy a beverage while learning about the latest research in school health. We also added "networking dinners" on the Thursday evening of the conference which facilitated interaction between new and old attendee friends. We connected to the Orlando area by selecting "Covenant House" as our designated annual conference charity, collecting clothing, toiletry items and school supplies for homeless and runaway youth. The items were presented to a Covenant House representative at the end of the conference. All of these new features were deemed successful additions to the conference and many will be continued in Baltimore in 2016.

ASHA members represent multiple school health fields and professions and work in varied and diverse public and private settings. They work directly with children and youth as well as prepare individuals to teach, provide healthcare, counsel, and advise. As a multidisciplinary organization, ASHA has made great strides in connecting and collaborating with all school health stakeholders. We accept this challenge and welcome new ideas and ways of communicating with those who support this important work.

— Lee K. Lowery

RECOGNITION AND AWARDS

ASHA was pleased to honor the following individuals at the Awards Luncheon in Orlando, FL on October 9, 2015 for their contributions to school health.

William A. Howe Award: Laura K. Kann, PhD, FASHA

Legislator of the Year: The Honorable Frederica S. Wilson, Congresswoman (D-FL, 24th District)

Distinguished Service Award: Stephen C. Goodwin, PhD, FASHA

Presidential Citations:

Randi “Jeanie” Alter, PhD, MCHES

Holly Hunt, MA

Sandra Klarenbeek, MS, CHES, FASHA

Jessica Lawrence, MS

Robert McDermott, PhD, FASHA

Katherine Ranney, BA

Kelly Wilson, PhD, MCHES

Indiana University Department of Applied Health Science: School of Public Health-Bloomington

ASHA FELLOWS

Sue Baldwin, PhD, MCHES

Kim McLaughlin, MEd, CAS, MCHES

SCHOLARSHIP RECIPIENTS

Amie Klein Carreon, BS, Texas A&M University

Ryan Erbe, BS, MS, Indiana University

Leigh Szucs, MEd, CHES, Texas A&M University

DONORS, CORPORATE MEMBERS, SPONSORS, AND FUNDED PROJECTS

“Healthy children are our future. We are pleased to support ASHA, a premiere organization devoted to assuring healthy and happy futures for our children.”

— **David K. Lohrmann, PhD, MCHES, FASHA, FAAHE**
Professor, Indiana University School of Public Health-Bloomington

ASHA is grateful for the support we’ve received this past year from our generous donors, grantors and corporate members.

Corporate Donor

Wiley Periodicals, Inc., Hoboken, NJ

Individual Donors contributing \$100 and above

Jeanie Alter

Sandra Klarenbeek

Bhole Rohan Pravin

Linda Morse

Ty Oehrtman

Ueda Seiji

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FUNDED PROJECTS

Special issue of JOSH on the Whole School, Whole Community, Whole Child model (Supported by US Centers for Disease Control and Prevention funding through funded partner, National Association of the Chronic Disease Directors)

MEMBERSHIP

ASHA’s multidisciplinary membership includes individuals whose primary focus or interest is in PreK-12 school health programs. This includes teachers; nurses and physicians; counselors, psychologists and social workers; and district and school administrators working in PreK-12 public and private schools. ASHA members also work in colleges and universities preparing professionals for school health positions and conducting critical school health research. ASHA also draws its membership from public and community health agencies; local, state and federal education organizations; and healthcare providers as well as other education and health stakeholders.

COMMITTEES

ADVOCACY COMMITTEE

Sandy Klarenbeek – Chair

Beth Cox
Linda Grant
Ann Junk
Linda Morse (ex-officio)

Katherine Ranney
Kathleen Ryan
Jamie Sparks
Kayce Solari-Williams

JoEllen Tarallo-Falk
Catherine Vowell
David Wiley

FINANCE COMMITTEE

Sharon Murray – Chair

Jeanie Alter
Sandy Klarenbeek

Linda Morse (ex-officio)
Larry Olsen

Katherine Ranney
Skip Valois

GOVERNANCE COMMITTEE

Ty Oehrtman – Chair

Alec Fraser
Beth McNeill

Sharon Miller
Linda Morse (ex-officio)

Michael Mann

LEADERSHIP AND RECOGNITION COMMITTEE

Beth McNeill – Chair

Melodie Griffin
Rachel McClanahan
Linda Morse (ex-officio)
Lori Reichel

Brittany Rosen
Whitney Self
Monica Webb
Keith Zullig

Kellie Penix (Joined 10/27/15)
Manuella Crawley
Janelle Garcia
Lauren Wasilick

PROFESSIONAL DEVELOPMENT COMMITTEE

Jeanie Alter – Chair

Steve Goodwin
Holly Hunt
Sylvia Huntley

Linda Morse (ex-officio)
Catherine Ramstetter
Skip Valois

Tammy Wynard
Holly Moses
Jamie Sparks

RESEARCH AND PUBLICATIONS COMMITTEE

Larry Olsen – Chair

RESEARCH

Skip Valois – Co-Chair

Christine Fisher
Adrian Lyde

Michael Mann
Linda Morse (ex-officio)

Michael Young
Keith Zullig

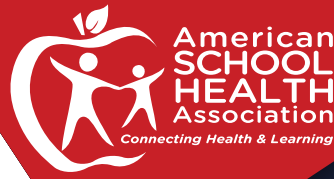
PUBLICATIONS

Bethany Bell
David Birch
Michael Mann

Kelli McCormack Brown
Linda Morse (ex-officio)
Virginia Jones Dodd

Bonni Hodges
Joyce Nickelson
Sandra Vamos

FINANCIALS



ASHA 2015
ANNUAL REPORT

AMERICAN SCHOOL HEALTH ASSOCIATION

FINANCIAL REPORT

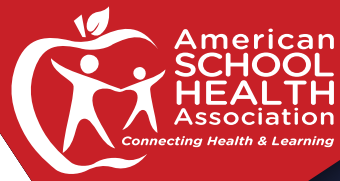
DECEMBER 31, 2015



**STEVE GUY
& ASSOCIATES, P.C.**

Certified Public Accountants

FINANCIALS



ASHA 2015
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STEVE R. GUY, CPA

MEMBER, AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT ACCOUNTANTS' AUDIT REPORT

To the Board of Directors
American School Health Association
McLean, Virginia

We have audited the accompanying financial statements of American School Health Association (a nonprofit organization), which comprise the statements of financial position as of December 31, 2015 and 2014 and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

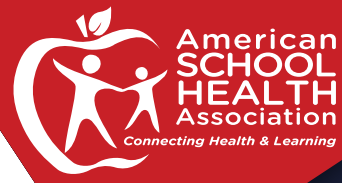
Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of American School Health Association as of December 31, 2015 and 2014 and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Steve Guy & Associates, PC

Fredericksburg, Virginia
June 29, 2016

FINANCIALS



ASHA 2015
ANNUAL REPORT

FINANCIAL STATEMENTS

THE AMERICAN SCHOOL HEALTH ASSOCIATION

STATEMENTS OF FINANCIAL POSITION

For the Years Ended December 31, 2015 and 2014

ASSETS			
	<u>2015</u>	<u>2014</u>	
CURRENT ASSETS			
Cash	\$ 38,881	\$ 33,978	
Accounts receivable	45,215	45,533	
Investments at fair value	228,741	281,111	
Prepaid expenses	1,303	6,675	
Total Current Assets	<u>314,140</u>	<u>367,297</u>	
Web site development costs, net of accumulated amortization, 2015 \$6,319 and 2014 \$903	9,931	15,347	
TOTAL ASSETS	<u><u>\$ 324,071</u></u>	<u><u>\$ 382,644</u></u>	
LIABILITIES AND NET ASSETS			
CURRENT LIABILITIES			
Accounts payable	\$ 39,740	\$ 128,551	
Accrued expenses	8,109	828	
Deferred membership revenue	33,890	35,012	
Total Current Liabilities	<u>81,739</u>	<u>164,391</u>	
NET ASSETS			
Unrestricted	24,729	(4,565)	
Temporarily restricted	77,603	82,818	
Permanently restricted	140,000	140,000	
Total Net Assets	<u>242,332</u>	<u>218,253</u>	
TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 324,071</u></u>	<u><u>\$ 382,644</u></u>	

THE AMERICAN SCHOOL HEALTH ASSOCIATION

STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2015

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUE AND SUPPORT				
Membership	\$ 52,553	\$ -	\$ -	\$ 52,553
Conference	185,562	-	-	185,562
Subscriptions & publications	137,944	-	-	137,944
Contributions and donations	58,768	-	-	58,768
Grant	50,000	-	-	50,000
Corporate partnerships	15,500	-	-	15,500
Interest and dividend income	67	9,584	-	9,651
Realized gains on investments	7,142	-	-	7,142
Unrealized loss on investments	(6,967)	(9,625)	-	(16,592)
Royalties	7,588	-	-	7,588
Other revenue	11,838	-	-	11,838
Total Revenue and Support	519,995	(41)	-	519,954
Net assets released from restriction	5,174	(5,174)	-	-
	525,169	(5,215)	-	519,954
EXPENSES				
Grants	865	-	-	865
Membership	35,213	-	-	35,213
Other programs	3,543	-	-	3,543
Subscriptions & publications	52,155	-	-	52,155
Conference	246,640	-	-	246,640
Advocacy	260	-	-	260
Total Program Expenses	338,676	-	-	338,676
Management & general	157,199	-	-	157,199
Total Expenses	495,875	-	-	495,875
Change in net assets	29,294	(5,215)	-	24,079
NET ASSETS, beginning of year	(4,565)	82,818	140,000	218,253
NET ASSETS, end of year	\$ 24,729	\$ 77,603	\$ 140,000	\$ 242,332

THE AMERICAN SCHOOL HEALTH ASSOCIATION

STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUE AND SUPPORT				
Membership	\$ 43,322	\$ -	\$ -	\$ 43,322
Conference	180,343	-	-	180,343
Subscriptions & publications	119,989	-	-	119,989
Contributions and donations	64,640	-	-	64,640
Interest and dividend income	3,020	2,786	-	5,806
Realized gains on investments	-	7,747	-	7,747
Unrealized gains on investments	1,719	4,610	-	6,329
Royalties	6,016	-	-	6,016
Other revenue	7,748	-	-	7,748
Total Revenue and Support	426,797	15,143	-	441,940
Net assets released from restriction	1,000	(1,000)	-	-
	427,797	14,143	-	441,940
EXPENSES				
Grants	182	-	-	182
Membership	39,617	-	-	39,617
Other programs	271	-	-	271
Subscriptions & publications	16,356	-	-	16,356
Conference	248,600	-	-	248,600
Advocacy	362	-	-	362
Total Program Expenses	305,388	-	-	305,388
Management & general	253,104	-	-	253,104
Total Expenses	558,492	-	-	558,492
Change in net assets	(130,695)	14,143	-	(116,552)
NET ASSETS, beginning of year	126,130	68,675	140,000	334,805
NET ASSETS, end of year	\$ (4,565)	\$ 82,818	\$ 140,000	\$ 218,253

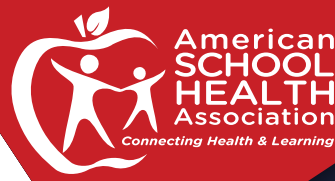
THE AMERICAN SCHOOL HEALTH ASSOCIATION

STATEMENTS OF CASH FLOWS

For the Years Ended December 31, 2015 and 2014

	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 24,079	\$ (116,552)
Adjustments to reconcile change in net assets to net cash (used in) operating activities:		
Depreciation	5,416	903
Dividends & capital gain distributions reinvested	(9,651)	(5,806)
Realized (gains) on sales of investments	(7,142)	(7,747)
Unrealized losses/(gains) on investments	16,592	(6,263)
Changes in assets and liabilities:		
(Increase) decrease in assets:		
Accounts receivable	318	7,645
Prepaid expenses	5,372	(4,508)
Increase (decrease) in liabilities:		
Accounts payable	(88,811)	48,509
Accrued Expenses	7,281	(64,443)
Deferred membership revenue	(1,122)	2,425
Net cash (used in) operating activities	<u>(47,668)</u>	<u>(145,837)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Website development costs	-	(16,250)
Proceeds from investments sold	52,571	145,000
Net cash provided by investing activities	<u>52,571</u>	<u>128,750</u>
Increase/(decrease) in cash	4,903	(17,087)
CASH, beginning of year	<u>33,978</u>	<u>51,065</u>
CASH, end of year	<u>\$ 38,881</u>	<u>\$ 33,978</u>

FINANCIALS



ASHA 2015
ANNUAL REPORT

THE AMERICAN SCHOOL HEALTH ASSOCIATION

STATEMENT OF FUNCTIONAL EXPENSES For the Year Ended December 31, 2015

	Program						Mgmt & General	Total
	Grants	Membership	Other Programs	Subscriptions	Conference	Advocacy		
Office expense	\$ 239	\$ 908	\$ 48	\$ 358	\$ 597	\$ 72	\$ 167	\$ 2,389
Postage	22	83	4	32	54	6	15	216
Telephone	490	1,866	98	737	1,228	147	344	4,910
Website/internet	114	432	23	171	284	35	80	1,138
Grant	-	-	-	30,000	-	-	-	30,000
Scholarship	-	-	750	-	-	-	-	750
Continuing education	-	-	-	-	-	-	375	375
Editorial	-	-	-	16,825	-	-	-	16,825
Storage	-	-	-	2,088	-	-	-	2,088
Insurance	-	-	-	-	-	-	1,370	1,370
National conference	-	-	-	-	130,645	-	-	130,645
Bank charges	-	2,866	151	1,131	3,394	-	-	7,543
Accounting fees	-	-	-	-	-	-	10,585	10,585
Legal fees	-	-	-	-	-	-	1,072	1,072
Management fee	-	27,000	-	-	108,000	-	135,000	270,000
Incentive fee	-	-	-	-	-	-	7,959	7,959
Miscellaneous	-	-	2,361	-	-	-	232	2,593
Depreciation/amortization	-	2,058	108	813	2,438	-	-	5,417
	<u>\$ 865</u>	<u>\$ 35,213</u>	<u>\$ 3,543</u>	<u>\$ 52,155</u>	<u>\$ 246,640</u>	<u>\$ 260</u>	<u>\$ 157,199</u>	<u>\$ 495,875</u>

See accompanying notes.

THE AMERICAN SCHOOL HEALTH ASSOCIATION

STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended December 31, 2014

	Program						Mgmt & General	Total
	Grants	Membership	Other Programs	Subscriptions	Conference	Advocacy		
Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,385	\$ 35,385
Office expense	64	853	64	320	533	85	213	2,132
Postage	17	221	17	83	138	22	55	553
Telephone	101	1,352	101	507	845	136	339	3,381
Website/internet	-	1,191	89	446	745	119	387	2,977
Travel	-	-	-	-	-	-	682	682
Continuing education	-	-	-	-	-	-	850	850
Editorial	-	-	-	15,000	-	-	-	15,000
Insurance	-	-	-	-	-	-	2,095	2,095
National conference	-	-	-	-	102,339	-	-	102,339
Bank charges	-	-	-	-	-	-	7,155	7,155
Accounting fees	-	-	-	-	-	-	15,926	15,926
Contract services	-	-	-	-	-	-	3,273	3,273
Legal fees	-	-	-	-	-	-	3,525	3,525
Management fee	-	36,000	-	-	144,000	-	180,000	360,000
Miscellaneous	-	-	-	-	-	-	2,316	2,316
Depreciation/amortization	-	-	-	-	-	-	903	903
	<u>\$ 182</u>	<u>\$ 39,617</u>	<u>\$ 271</u>	<u>\$ 16,356</u>	<u>\$ 248,600</u>	<u>\$ 362</u>	<u>\$ 253,104</u>	<u>\$ 558,492</u>

See accompanying notes.

AMERICAN SCHOOL HEALTH ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION

Nature of Organization

American School Health Association (ASHA) is a 501(c) (3) nonprofit organization incorporated in 1971 under the laws of the state of Ohio. The Association is a national membership organization for health and education professionals who work in or with schools on health issues. The ASHA mission is “to transform all schools into places where every student learns and thrives.” ASHA envisions healthy students who learn and achieve in safe and healthy environments nurtured by caring adults functioning within coordinated school and community support systems. To provide leadership and realize this mission, ASHA has identified the following goals for the Association:

- **Advocate:** Sustain and expand strategic alliances with individuals and organizations that support ASHA’s mission and vision.
- **Communicate:** Sustain and expand strategic and timely communication with ASHA’s members, partner organizations and the public.
- **Educate:** Provide high-quality learning opportunities for health and education professionals, parents and other stakeholders.
- **Lead:** Serve as a recognized leader in the field of school health, promoting schools where every student learns and thrives.
- **Prosper:** Acquire and manage stable, broad-based and diverse human and fiscal resources to support ASHA’s mission and vision.

Activities that the Association pursues to accomplish these goals include a scientific journal, an annual conference, networking opportunities for members, advocacy activities, and continuing education opportunities. The Association funds these activities through grants, membership fees, subscription sales, and conference fees.

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with United States of America generally accepted accounting principles.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on hand, cash held in banks and investments with initial maturities of three months or less.

Accounts Receivable

The Association’s considers accounts receivable to be fully collectible. Accordingly, no allowance for doubtful accounts is required. If amounts become uncollectible, they are charged to operations when that determination is made.

AMERICAN SCHOOL HEALTH ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION (continued)

Fair Value of Financial Instruments

The Association's financial instruments consist of cash, prepaid expenses, short-term receivables and payables, and deferred revenues. The carrying value for all such instruments, considering the terms, approximates fair value at December 31, 2015 and 2014.

Investments

The Association records its investments in accordance with the requirements of the Investments in Debt and Equity Securities for Not-for-Profit entities topic of the FASB Accounting Standards Codification. This topic requires that investments be reported in the statement of financial position at fair value with any realized or unrealized gains or losses reported in the statement of activities. Fair values are based upon quoted prices in active markets for identical assets/liabilities (Level 1). Investment income is recognized as revenue in the period it is earned and gains and losses are recognized as changes in net assets in the accounting periods in which they occur.

Income Taxes

The American School Health Association is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code. However, the Association is taxable on its unrelated business income. Unrelated business income arises from the sales of advertising in the brochure for the annual conference. The Organization files IRS Form 990 annually. The returns for the years 2012 through 2015 remain open to potential examination by the IRS. Management is not aware of any uncertain tax positions that may not be allowed. Therefore, no adjustments to these financial statements have been included for uncertain tax positions.

Property and Equipment

Property and equipment are recorded at cost or, if donated, at the approximate fair market value. Major additions and improvements are capitalized as equipment if greater than \$500, while replacements, maintenance, and repairs, which do not improve or extend the lives of the respective assets are expensed. Depreciation is computed using a combination of accelerated methods and the straight-line method over estimated useful lives of the related assets which is 3-10 years for office equipment and furniture. Web site development costs have been capitalized and are being amortized over three years using the straight-line method. Depreciation and amortization expense for the year ended December 31, 2015 and 2014 was \$5,416 and \$903, respectively.

Net Asset Classification

Net assets are comprised of the following categories:

Unrestricted: Unrestricted net assets are available to fund general operations.

Temporarily restricted: Temporarily restricted net assets represent contributions and other inflows of assets, whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time, or can be fulfilled and removed by actions of the Association pursuant to those stipulations.

AMERICAN SCHOOL HEALTH ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION (continued)

Permanently restricted: Net assets subject to donor-imposed restrictions that they be maintained permanently by the Association, are considered permanently restricted. Generally, the donors of these assets permit the Association to use all or part of the income earned on any related investments for general or specific purposes.

Recognition of Donor Restrictions

The Association records contributions in accordance with the requirements of the FASB Accounting Standards Codification – Revenue Recognition for Not-for-Profit Entities. Support that is restricted by the donor is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Revenue Recognition

The Association recognizes membership revenue as an exchange transaction because the value of the benefits received in exchange for the membership fee exceeds the value of the fee itself. Revenue derived from membership in exchange transactions is recognized as income on the straight-line basis over the period of membership. Revenue from the sale of other publications is recognized when sold. Amounts received before services are performed are recorded as deferred contract revenue and will be recognized as revenue as the contract is performed.

Donated Goods and Services

The Association receives a substantial amount of services donated by its members in carrying out the business of the Association. No amounts have been reflected in the financial statements for those services since they do not meet the criteria under generally accepted accounting principles for recognition.

Functional Allocation of Expenses

The costs of providing the various program services and other activities have been summarized on a functional basis in the Statements of Activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Date of Management Evaluation

Management has evaluated subsequent events through June 29, 2016, the date on which the financial statements were available to be issued.

AMERICAN SCHOOL HEALTH ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE 2 – INVESTMENTS

The Fair Value Measurements and Disclosures topic of FASB Accounting Standards Codification establishes fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Association uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Association measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or 2 inputs are not available. At December 31, 2015 and 2014 the Association's investments are all valued using Level 1 inputs.

Investments consist of various mutual funds and are presented in the aggregate at their fair market value using Level 1 inputs as of December 31, 2015 and 2014 as follows:

	<u>Cost</u>	<u>Fair Value</u>	<u>Unrealized Gain</u>
2015	\$ <u>218,309</u>	\$ <u>228,741</u>	\$ <u>10,432</u>
2014	\$ <u>254,086</u>	\$ <u>281,111</u>	\$ <u>27,025</u>

The following schedule summarizes the investment return for the year ended December 31, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Dividends and capital gain distributions	\$ 9,651	\$ 5,806
Realized gains on investments	7,142	7,747
Unrealized (losses)/ gains on investments	<u>(16,592)</u>	<u>6,329</u>
Total investment income	<u>\$ 201</u>	<u>\$ 19,882</u>

NOTE 3 – RESTRICTED NET ASSETS

Temporarily restricted net assets consist of funds received from two sources. First are contributions and grants that are to be used entirely for special programs as identified by donor restrictions. Secondly, investment income from donor restricted endowment funds are recorded as temporarily restricted until used for the designated purpose.

Permanently restricted net assets consist of the principal balance of the McGovern Foundation Endowment Fund. The fund requires that the principal is to remain preserved. The Fund's earnings are recorded as temporarily restricted and are available to be used to pay speaker fees for the McGovern Lectureship at the annual conference.

AMERICAN SCHOOL HEALTH ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE 3 – RESTRICTED NET ASSETS (continued)

Restricted net assets consisted of the following at December 31, 2015:

	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
McGovern Foundation Endowment Fund	\$ <u>77,603</u>	\$ <u>140,000</u>	\$ <u>217,603</u>

Restricted net assets consisted of the following at December 31, 2014:

	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
McGovern Foundation Endowment Fund	\$ <u>82,818</u>	\$ <u>140,000</u>	\$ <u>222,818</u>

NOTE 4 – OPERATING LEASES

The Association entered into a non-cancelable sublease agreement with the National Association of School Psychologists (NASP) for office space starting December 1, 2010. The sublease term was to end June 30, 2017. On July 1, 2014, a buy-out agreement was reached releasing the Association from the lease and requiring a termination payment of \$16,882. Rent expense for the year ending December 31, 2014 was \$35,385.

NOTE 5 – STAFFING CONTRACT & MANAGEMENT AGREEMENT

On July 28, 2013 the Association entered into an agreement effective as of August 15, 2013, with the Coulter Companies, now MCI/USA, for management services and resource development. The agreement calls for MCI/USA to provide core and non-core staffing, headquarters office space, and management services. The initial fee for these services is \$30,000 per month and is payable monthly in advance. In order to restore the Association's cash flow, an agreement to reduce management fees to \$20,000 per month was effective April 1, 2015 through March 31, 2016. Total management fees paid to MCI/USA for the years ended December 31, 2015 and 2014 were \$270,000 and \$360,000, respectively.

NOTE 6 – GOING CONCERN

ASHA incurred significant expenses in excess of revenues for the years ended December 31, 2012 through 2014, causing the balance in unrestricted net assets to fall to a deficit of \$(4,565) at December 31, 2014. These losses started with the loss of grant money after 2011, and resulted in the Association's cash and investments declining significantly to the point they may not have been able to pay their bills and continue activities in the future. In 2015, the management contract with MCI/USA (formerly Coulter Companies) was amended to reduce the core management fee by \$10,000 per month from April 2015 to March 2016.

AMERICAN SCHOOL HEALTH ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE 6 – GOING CONCERN (continued)

The reduction in the management fee along with a one time grant of \$50,000 helped result in excess revenues over expenses of \$24,079 for the year ended December 31, 2015 and increased ASHA's unrestricted net assets to \$24,729 as of that date.

All of ASHA's unrestricted investments have been used to pay outstanding payables. Only temporary or permanently restricted investments remain at December 31, 2015. Investment revenue is down approximately \$19,000 in 2015 and \$40,000 in 2014, partly due to the withdrawal of investments to pay the Association's obligations. Membership revenue in 2014 was down almost half compared to the prior year, but has increased approximately 20% in 2015. Accounts payable, which had been increasing each year since 2012, is down significantly and consists of only current liabilities as of December 31, 2015.

The steps taken during 2015 have improved ASHA's financial position. They are now paying current bills with current funds, but have approved a deficit budget for 2016. The increase in the management fee back to the original contract amount on April 1, 2016 will affect cash flow for the upcoming year. The Board held a strategic planning meeting to implement new revenue generating ideas for future years and expects actions taken to alleviate the going concern for the year 2016.