

ANNUAL REPORT 2018

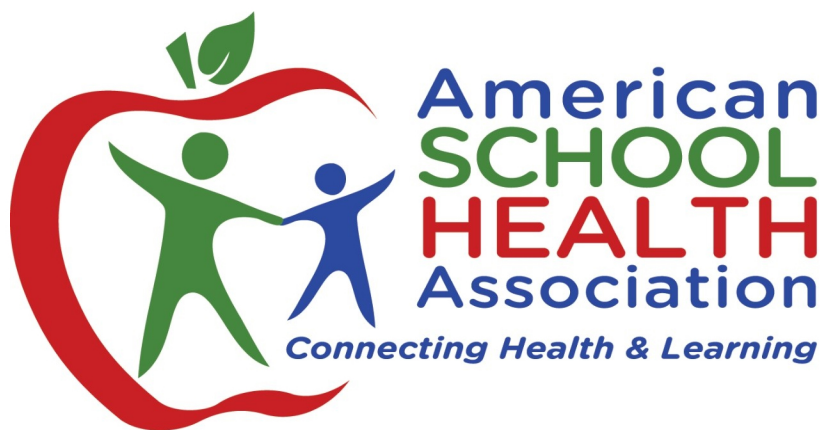


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2018 NATIONAL BOARD OF DIRECTORS

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Join us on
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Headquarters Information

Jeanie Alter, PhD, MA, MCHES, FASHA, Executive Director

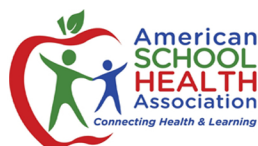
Kaitlyn Celis, BS, Membership Services Manager

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School of Public Health
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MISSION, PURPOSE & 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. The Association is a multidisciplinary organization of administrators, counselors, dietitians, nutritionists, health educators, physical educators, psychologist, school health coordinators, school nurses, school physicians, and social workers.

For more than 90 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.



PRESIDENT'S MESSAGE

Ty Oehrtman, MS, MCHES, FASHA



As we take time to reflect on another year, I wanted to take this opportunity to update you on the state of the American School Health Association (ASHA). I'm excited to report our association is strong. We are well positioned to initiate new programs to help transform all schools into places where every student learns and thrives. I am excited and optimistic about the future and looking forward to another great year.

2018 was a great success for ASHA. We saw growth in membership, new followers on social media, increases in unrestricted revenue, and the impact factor of the Journal of School Health increased again to 1.935. We hosted monthly webinars on a range of school health topics with hundreds of participants earning continuing education credit. In October, we conducted our 92nd annual conference in Indianapolis, where nearly 400 participants heard two extraordinary keynote presentations and dozens of other presenters sharing new and innovative strategies, research, and successes in support of the whole child.

Our Advocacy & Coalitions Committee worked hard to update and refresh our Core Beliefs. We also revised and updated four position statements on critical school health topics. In February, I announced the formation of the ASHA School Violence Taskforce. The taskforce is made up of past presidents of ASHA and is charged with developing strategies to respond to the nationwide epidemic of school gun violence. I'm excited to see the results of their work. Future action in this area will also be informed by the special town hall session on school gun violence that was held at our annual conference.

Perhaps most exciting in 2018 was ASAH's major new partnership with Indiana University to provide staffing and administrative support. Now a full year into that relationship, I continue to be excited by the opportunity and advancement that this relationship brings to ASHA. Our partnership with IU builds on an existing foundation of leadership in school health. In the coming year we will be further building on this partnership to add more capacity and expand our reach and impact.

Finally, I want to thank everyone who has served on one or more of our organizational committees. In 2018, we had nearly 70 volunteers serve on our four committees and two taskforces, more than at any other time in recent history.

EXECUTIVE DIRECTOR'S MESSAGE

Jeanie Alter, PhD, MCHES, FASHA



2018 marks a transition year for ASHA as the Association made a physical move and became more of a virtual organization, entered into a deliverables-based contract with Indiana University, and had a complete turnover of staff.

Indiana University provided the following services to the American School Health Association (ASHA) over the period of **January 8, 2018 through December 5, 2018**.

IPRC staff performed services related to:

- Membership development and maintenance as well as association operations.
- Networking and communication, professional development, research and publications, and advocacy.
- Sponsorships and corporate sponsorships as well as grants and other funding streams.

Despite these significant changes, ASHA weathered the transition and is in a more stable position as of December 2018. **Key accomplishments** for 2018 to date include:

- Increased membership in an environment where professional associations are losing members.
- Increased the social media presence, followers, and website users.
- Decreased management fee by over \$77,500 per year.
- Executed a well-received national conference despite a shortened timeline and secured more exhibitors than the 2017 conference.

Though the Association has gained greater stability in 2018, there are areas of enhancement to work toward in 2019 including:

- Increased membership, donation, sponsorship, CE, and conference revenue
- Higher quality and quantity of member benefits

RECOGNITION & AWARDS

ASHA aspires to LEAD, EDUCATE, and ACTIVATE multidisciplinary school health professionals and other champions as they work in their communities across the country to implement our mission to transform all schools into places where every student learns and thrives. ASHA celebrates the success of champions through our annual awards and recognition program. At our core is a belief that the involvement of individuals with diverse perspectives, lived experiences, and professional lenses creates a stronger, healthier school community. As such, ASHA encourages the recognition of school health professionals and champions from different backgrounds and with different perspectives. This year's award recipients were honored during ASHA's 2018 Annual School Health Conference in Indianapolis, Indiana.

William A. Howe Award: Dr. Sheri Coburn, Director, Comprehensive Health Programs

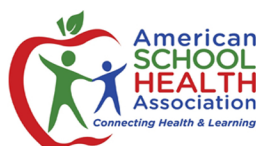
Distinguished Service Award: Sharon Murray

Dr. Robert Synovitz Emerging Professional Award: Dr. Meagan Shipley,
Director of Online Graduate Program

Legislator of the Year: Senator Bill Ketron, TN, General Assembly

ASHA FELLOWS

Dr. Brittany Rosen, Assistant Professor
Dr. Michael Mann, Associate Professor and Graduate Director



DONORS & SPONSORS

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

Corporate Sponsors

Arbor Pharmaceuticals

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.

Conference Sponsors

RUBY SPONSOR

WILEY

SILVER SPONSOR



EXHIBITORS

Action Based Learning
AMAZE
CATCH (Coordinated Approach to Child Health)
CDC Healthy Schools
Covering Kids & Families of Indiana/Indiana School Health Network
Eta Sigma Gamma
ETR
FDA Center for Tobacco Products
Indiana Prevention Resource Center
Indiana Problem Gambling Awareness Program,
Indiana University School of Public Health Bloomington
Indiana Rural Schools Clinic Network (IRSCN)
Indiana University Department of Applied Health Science
Michigan Model for Health Clearinghouse
National Commission for Health Education Credentialing
School Datebooks
Texas A&M University
The Children's Health Market
The Walking Classroom
University of Indianapolis

SUPPORTING SPONSORS

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Henry the Hand Foundation
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Noah S. Drew
Alexander Fraser
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Beth Marshall
Gayle Nutile-Primm
Ty J. Oehrtman
Kayce D. Solari Williams
Jo Ellen Tarallo-Falk

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Hannah Priest Catalano
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Christine Marie Fisher
Matt Hutchins
Ty J. Oehrtman
Larry K. Olsen
Rosemary Catherine -
Reilly-Chammat
Rachel Sadlon
Brandon Stratford
Lindsay
Taliaferro

School Violence Taskforce

Sharon Murray- Chair

Jeffrey Clark
Lloyd Kolbe
David Lohrmann
Linda Morse
Ty Oehrtman
Larry Olsen
David Wiley
Jeanie Alter

Professional Development

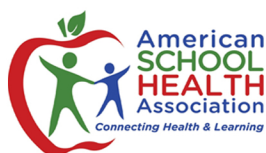
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FINANCIALS

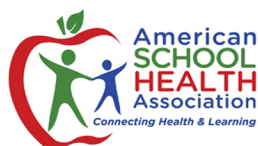
Statement of Activities For the years ended December 31, 2017 and 2018

Revenue	2018	2017
Contribuions	\$ 77,777	\$ 66,074
Corporate Sponsorship	7,200	49,250
Memberships	67,156	30,503
Conference	123,341	169,155
Publications	136,798	121,042
Other Income	17,482	50,122
Total Revenue	429,754	486,146
Expenses		
Conference	189,326	187,242
Memberships	19,139	23,043
Education and Publications	43,983	43,553
Management & General	143,947	211,676
Total Expenses	396,395	465,514
Change in Net Assets	33,359	20,632
Net Assets -Beginning of Year	220,727	200,095
Net Assets -End of Year	\$254,086	\$220,727



ACKNOWLEDGEMENTS

In the spirit of supporting the growth and development of students and emerging professionals, this report was thoughtfully designed by Mallory Caron. Mallory is an undergraduate student at Indiana University, studying Epidemiology and Illustration Art.





American
SCHOOL
HEALTH
Association
Connecting Health & Learning

AMERICAN SCHOOL HEALTH ASSOCIATION

Financial Statements

For the Years Ended December 31, 2018 and 2017

AMERICAN HEALTH SCHOOL ASSOCIATION

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Independent Auditor's Report

Board of Directors
American School Health Association
Bloomington, IN

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, 2018 and 2017 and the related statements of activities, cash flows, and functional expenses for the years then ended, and the related notes to the financial statement.

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 audits. We conducted our audits 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 from material misstatement.

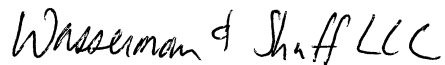
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or 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

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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 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, 2018 and 2017, and the related statements of activities, changes in net assets and cash flows for the years then ended in accordance with accounting principles general accepted in the United States of America.

A handwritten signature in black ink that reads "Wasserman & Shuff LLC". The script is cursive and fluid.

Wasserman & Shuff, LLC

8/21/19

**American School Health Association
Statements of Financial Position
As of December 31, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
<u>ASSETS</u>		
Current Assets:		
Cash and cash equivalents	\$ 27,762	\$ 11,739
Accounts receivable	64,478	30,264
Prepaid expenses	3,334	2,061
Total Current Assets	<u>95,574</u>	<u>44,064</u>
Other Assets:		
Restricted investments	206,168	217,081
Total Other Assets	<u>206,168</u>	<u>217,081</u>
 Total Assets	 <u><u>\$ 301,742</u></u>	 <u><u>\$ 261,145</u></u>
 <u>LIABILITIES AND NET ASSETS</u>		
Current Liabilities:		
Accounts payable	\$ 15,192	\$ 334
Deferred memberships	32,464	40,084
Total Current Liabilities	<u>47,656</u>	<u>40,418</u>
 Net Assets:		
Without donor restrictions	40,871	3,646
With donor restrictions	213,215	217,081
Total Net Assets	<u><u>\$ 254,086</u></u>	<u><u>\$ 220,727</u></u>
 Total Liabilities and Net Assets	 <u><u>\$ 301,742</u></u>	 <u><u>\$ 261,145</u></u>

See Independent Auditors' Report and Accompanying Notes.

American School Health Association
Statement of Activities and Change in Net Assets
For the Year Ended December 31, 2018

	Without Donor Restrictions	With Donor Restrictions	Totals
Revenue and Support:			
Contributions	\$ 77,777	\$ -	\$ 77,777
Corporate sponsorships	7,200	-	7,200
Corporate partnerships	-	-	-
Memberships	67,156	-	67,156
Conference registration fees	99,241	-	99,241
Conference exhibitor fees	24,100	-	24,100
Publications	136,798	-	136,798
Other income	21,348	-	21,348
Investment income (loss)	-	(3,866)	(3,866)
Total Revenue and Support	<u>433,620</u>	<u>(3,866)</u>	<u>429,754</u>
Net Assets Released from Restriction	-	-	-
Expenses:			
Conference	\$ 189,326	\$ -	\$ 189,326
Memberships	19,139	-	19,139
Education and publications	43,983	-	43,983
Management and general	143,947	-	143,947
Total Expenses	<u>396,395</u>	<u>-</u>	<u>396,395</u>
Excess of Revenues Over (Under) Expenses and Losses	37,225	(3,866)	33,359
Net Assets, Beginning of Year			
Without donor restrictions	3,646	-	3,646
With donor restrictions	-	104,081	104,081
Donor-restricted endowment funds	-	113,000	113,000
Net Assets, End of Year	<u>\$ 40,871</u>	<u>\$ 213,215</u>	<u>\$ 254,086</u>

See Independent Auditors' Report and Accompanying Notes.

American School Health Association
Statement of Activities and Change in Net Assets
For the Year Ended December 31, 2017

	Without Donor Restrictions	With Donor Restrictions	Totals
Revenue and Support:			
Contributions	\$ 66,074	\$ -	\$ 66,074
Corporate sponsorships	47,500	-	47,500
Corporate partnerships	1,750	-	1,750
Memberships	30,503	-	30,503
Conference registration fees	145,365	-	145,365
Conference exhibitor fees	23,790	-	23,790
Publications	121,042	-	121,042
Other income	21,365	-	21,365
Investment income	-	28,757	28,757
Total Revenue and Support	<u>457,389</u>	<u>28,757</u>	<u>486,146</u>
Net Assets Released from Restriction	-	-	-
Expenses:			
Conference	\$ 187,242	\$ -	\$ 187,242
Memberships	23,043	-	23,043
Education and publications	43,553	-	43,553
Management and general	211,676	-	211,676
Total Expenses	<u>465,514</u>	<u>-</u>	<u>465,514</u>
Excess of Revenues Over (Under) Expenses and Losses	(8,125)	28,757	20,632
Net Assets, Beginning of Year			
Without donor restrictions	11,771	-	11,771
With donor restrictions	-	75,324	75,324
Donor-restricted endowment funds	<u>-</u>	<u>113,000</u>	<u>113,000</u>
Net Assets, End of Year	<u><u>\$ 3,646</u></u>	<u><u>\$ 217,081</u></u>	<u><u>\$ 220,727</u></u>

See Independent Auditors' Report and Accompanying Notes.

American School Health Association
Statements of Cash Flows
For the Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Cash flows from operating activities:		
Change in net assets	\$ 33,359	\$ 20,632
Adjustments to reconcile change in net assets to cash provided by (used for) operating activities:		
Amortization expense	-	4,514
Dividends and capital gain distributions reinvested	(11,767)	(6,506)
Realized gains on sales of investments	-	(5,511)
Unrealized (gains) losses on investments	15,680	(16,740)
Change in accounts receivable	(34,214)	16,446
Change in prepaid expenses	(1,273)	10
Change in accounts payable	14,858	(91,503)
Change in deferred revenue	(7,620)	10,648
Net cash provided by (used for) operating activities	<u>9,023</u>	<u>(68,010)</u>
Cash flows from investing activities:		
Proceeds from investments	<u>7,000</u>	<u>42,482</u>
Net cash provided by (used for) investing activities	<u>7,000</u>	<u>42,482</u>
Net increase (decrease) in cash and cash equivalents	16,023	(25,528)
Cash and cash equivalents, beginning of year	<u>11,739</u>	<u>37,267</u>
Cash and cash equivalents, end of year	<u><u>\$ 27,762</u></u>	<u><u>\$ 11,739</u></u>

See Independent Auditors' Report and Accompanying Notes.

**American School Health Association
Statement of Functional Expenses
For the Year Ended December 31, 2018**

	<u>Conference</u>	<u>Membership</u>	<u>Education and Publications</u>	<u>Management and General</u>	<u>Total</u>
Advertising expense	\$ -	\$ 1,785	\$ -	\$ -	\$ 1,785
Bank charges	-	-	-	464	464
Computer and software expense	7,617	-	-	-	7,617
Contract services	1,393	-	-	-	1,393
Continuing education expense	-	-	450	-	450
Equipment rental	22,574	-	-	-	22,574
Exhibition expense	1,130	-	-	-	1,130
Food and beverage expense	64,478	-	-	-	64,478
Insurance	738	-	-	1,234	1,972
Leadership development	-	-	-	226	226
Legal and professional fees	-	-	-	23,277	23,277
Management fees	78,986	17,354	17,533	105,732	219,605
Merchant fees	-	-	-	6,680	6,680
Postage	-	-	-	-	-
Printing and copying	2,374	-	-	-	2,374
Publications	-	-	26,000	-	26,000
Speaker expense	7,322	-	-	-	7,322
Supplies	509	-	-	131	640
Travel	1,414	-	-	2,610	4,024
Website and internet expense	-	-	-	447	447
Miscellaneous	791	-	-	3,146	3,937
Total expenses	<u>\$ 189,326</u>	<u>\$ 19,139</u>	<u>\$ 43,983</u>	<u>\$ 143,947</u>	<u>\$ 396,395</u>

See Independent Auditors' Report and Accompanying Notes.

**American School Health Association
Statement of Functional Expenses
For the Year Ended December 31, 2017**

	<u>Conference</u>	<u>Membership</u>	<u>Education and Publications</u>	<u>Management and General</u>	<u>Total</u>
Amortization expense	\$ -	\$ -	\$ -	\$ 4,514	\$ 4,514
Bank charges	-	-	-	808	808
Computer and software expense	7,000	-	-	-	7,000
Contract services	4,235	-	-	221	4,456
Continuing education expense	-	-	229	-	229
Equipment rental	21,636	-	-	-	21,636
Exhibition expense	3,711	-	-	-	3,711
Insurance	670	-	-	1,261	1,931
Leadership development	-	-	-	834	834
Legal and professional fees	-	-	-	13,465	13,465
Management fees	69,128	23,043	23,043	172,818	288,032
Meals and entertainment	71,774	-	-	-	71,774
Merchant fees	-	-	-	6,786	6,786
Postage	-	-	-	192	192
Printing and copying	1,385	-	-	4	1,389
Publications	-	-	19,992	-	19,992
Speaker expense	732	-	-	-	732
Storage rental	-	-	-	2,190	2,190
Supplies	3,791	-	-	1,840	5,631
Survey expense	-	-	-	48	48
Telephone	-	-	-	5,615	5,615
Travel	3,200	-	-	22	3,222
Webinar expense	-	-	289	-	289
Website and internet expense	-	-	-	978	978
Miscellaneous	(20)	-	-	80	60
Total expenses	<u>\$ 187,242</u>	<u>\$ 23,043</u>	<u>\$ 43,553</u>	<u>\$ 211,676</u>	<u>\$ 465,514</u>

See Independent Auditors' Report and Accompanying Notes.

**American School Health Association
Notes to the Financial Statements
For the Years Ended December 31, 2018 and 2017**

A. NATURE OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Business

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 had 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 Accounting

The accompanying financial statements are presented on the accrual basis of accounting in accordance with United States of America generally accepted accounting principles. As such, revenues are recognized when earned, and expenses and related liabilities are recorded in the period incurred.

Financial Statement Presentation

As of January 1, 2018, the Organization has adopted ASU 2016-14, which requires that net assets be presented as with or without donor restrictions, rather than as unrestricted, temporarily restricted, or permanently restricted.

The Organization had total net assets of \$254,086 and \$220,727 as of December 31, 2018 and 2017, respectively. Of the total net assets, \$213,215 and \$217,081 were with donor restrictions as of December 31, 2018 and 2017.

**American School Health Association
Notes to the Financial Statements
For the Years Ended December 31, 2018 and 2017**

**A. NATURE OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CON'T)**

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 receives revenues primarily from publications, conference registrations and conference sponsors, and memberships.

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 the membership in exchange transactions is recognized as income on the straight-line basis over the period of membership. Revenue from the sale of 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.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles 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 revenues and expenses during the reporting period. Actual results could differ from those estimates.

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. Cash and cash equivalents held in the McGovern investment account are not included in cash but are reported as part of Restricted Investments – McGovern Fund on the statements of financial position.

Accounts Receivable

The Association 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.

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, 2018 and 2017.

**American School Health Association
Notes to the Financial Statements
For the Years Ended December 31, 2018 and 2017**

**A. NATURE OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CON'T)**

Investments

The Association records its investments in accordance with the requirements of the Investments in Debt and Equity Securities for Not-for-Profit entities standard of the FASB Accounting Standards Codification. This standard 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 process 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.

Investment Policy

The Association's investment policy intends for the Association to invest in assets at three different levels:

The short-term reserve fund is intended to meet expenses from unanticipated activities. The objective of the fund is primarily liquidity, with optimization of investment return.

The long-term reserve fund is intended to provide financial stability and cash flow to support the Association's mission, with the objectives of long-term appreciation of assets and consistency of the total investment return.

The Board of Directors has interpreted the State Management of Institutional Funds Act (SMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, ASHA classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Association in a manner consistent with the standard of prudence prescribed by SMIFA. In accordance with SMIFA, the Association considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) The duration and preservation of the fund (2) The purposes of the Association and the donor-restricted endowment fund (3) General economic conditions (4) The possible effect of inflation and deflation (5) The expected total return from income and the appreciation of investments (6) Other resources of the Association (7) The investment policies of the Association.

**American School Health Association
Notes to the Financial Statements
For the Years Ended December 31, 2018 and 2017**

**A. NATURE OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CON'T)**

Exempt Status

The Association is exempt from federal income taxes under Internal Revenue Code 501(c)(3) as a public charity and not a private foundation. The Association is also exempt from state income tax. However, income from certain activities not directly related to the Association's tax-exempt purpose is subject to taxation as unrelated business income.

The Association's income tax filings are subject to audit by various taxing authorities. Open periods subject to audit for federal and state purposes are generally the previous three and four years of tax returns filed, respectively. Any interest or penalties assessed to the Association are recorded as operating expenses; however, there were no interest or penalties recorded for the year ended December 31, 2018 and 2017.

Concentration of Credit Risk

Financial instruments that potentially subject the Association to concentrations of credit risk consist principally of cash. Non-interest bearing accounts are insured by the Federal Deposit Insurance Corporation. The Association maintains its cash balances at one financial institution. As of December 31, 2018 and 2017, the Association's uninsured cash balances were \$0.

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.

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.

Expense Allocation

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include professional fees, office supplies, and merchant fees. Expenses that can be directly attributed to a program or support function are charged to that program.

American School Health Association
Notes to the Financial Statements
For the Years Ended December 31, 2018 and 2017

A. NATURE OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CON'T)

Advertisement

The Association expenses advertising costs when they are incurred. Advertising costs for the years ended December 31, 2018 and 2017 were \$1,785 and \$0, respectively.

Adoption of New Accounting Principle

On August 18, 2016, FASB issued Accounting Standards Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financials for not-For-Profit Entities. The update addresses the complexity and understandability of net asset classification, and deficiencies in information provided about expenses and investment return. Management has implemented ASU 2016-14, and has adjusted the presentation in these financial statements accordingly. The ASU has been applied retrospectively to all periods presented, which resulted in no change to the previously reported net assets.

Date of Management Evaluation

Management has evaluated subsequent events through August 21, 2019, the date on which the financial statements were available to be issued. The Association has no responsibility to update these financial statements for events and circumstances occurring after this date.

B. 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 measured 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. As of December 31, 2018 and 2017, the Association's instruments 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, 2018 and 2017 as follows:

	<u>Original Cost</u>	<u>Fair Value</u>	<u>Unrealized Gain</u>
2018	<u>\$ 186,705</u>	<u>\$ 215,088</u>	<u>\$ 28,383</u>
2017	<u>\$ 174,989</u>	<u>\$ 225,964</u>	<u>\$ 50,975</u>

See Independent Auditors' Report.

**American School Health Association
Notes to the Financial Statements
For the Years Ended December 31, 2018 and 2017**

B. INVESTMENTS (CONTINUED)

The following schedule summarizes the investment return for the years ended December 31, 2018 and 2017:

	2018	2017
Dividends, interest and capital gain distributions	\$ 11,767	\$ 6,506
Realized gains on investments	0	5,511
Unrealized gain (loss) on investments	(15,680)	16,740
Total	<u>\$ (3,913)</u>	<u>\$ 28,757</u>

Short-term investments considered cash equivalents of \$8,919 and \$8,882 at December 31, 2018 and December 31, 2017, respectively, are included in cash on the statement of financial position.

C. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with temporary donor restrictions consist of funding 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.

Donor-restricted endowment funds consist of the principal balance of the McGovern Foundation Adornment Fund. The fund requires that the principal is to remain preserved. The Fund's earnings are recorded as temporarily restricted and are available to pay speaker fees for the McGovern Lecture at the annual conference.

Restricted net assets consisted of the following as of December 31, 2018 and 2017:

McGovern Foundation Endowment Fund:

	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
2018	<u>\$ 100,215</u>	<u>\$ 113,000</u>	<u>\$ 213,215</u>
2017	<u>\$ 104,081</u>	<u>\$ 113,000</u>	<u>\$ 217,081</u>

The endowment fund consists of both temporarily and permanently restricted donations. Earnings on the fund may be used for the specific purpose of paying speaker fees for the Association's annual conference. Any earnings not used for paying speaker fees are considered unrestricted funds.

See Independent Auditors' Report.

**American School Health Association
Notes to the Financial Statements
For the Years Ended December 31, 2018 and 2017**

C. NET ASSETS WITH DONOR RESTRICTIONS (CONTINUED)

Following is a schedule of activity within the endowment fund in 2018 and 2017:

	2018	2017
Beginning of year	\$ 217,081	\$ 230,806
Interest and dividends, net of fees	4,423	4,356
Amounts appropriated for expenditures	(7,000)	(42,482)
Realized gains	0	5,511
Capital gains	7,344	2,150
Unrealized gains (losses)	(15,680)	16,740
As of December 31	<u>\$ 206,168</u>	<u>\$ 217,081</u>

D. STAFFING CONTRACT AND MANAGEMENT AGREEMENT

The Association entered into an agreement effective August 15, 2013, with the Coulter Companies, now MCI/USA, for management services and resource development. The agreement called for MCI/USA to provide core and non-core staffing, headquarters office space, and management services. The initial fee for these services was \$30,000 per month, 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. The management fee was scheduled to increase to \$30,900 on April 1, 2016. Because the \$900 management fee escalation was not in the budget, MCI/USA agreed to accept \$30,000 monthly for April 2016 through December 2016. The \$8,100 (\$900 x 9 months) unbudgeted shortfall was to be paid in 2017. However, subsequent to December 31, 2016, the management fee had again been reduced to alleviate cash flow issues. Total management fee expense for the year ended December 31, 2017 was \$288,032.

Effective January 8, 2018, the Association entered into a new management agreement with the Indiana Prevention Resource Center at Indiana University for membership development and maintenance, Association operations, professional development and advocacy, as well as sponsorships and funding streams. The contract period extends through December 31, 2018. Total management fee expense for the year ended December 31, 2018 was \$219,605.

E. RISK MANAGEMENT

The Organization is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets; errors and omissions and natural disasters for which the Organization carries commercial insurance. There were no claims or settlements for the years ended December 31, 2018 and 2017, respectively.

**American School Health Association
Notes to the Financial Statements
For the Years Ended December 31, 2018 and 2017**

F. RESTRICTED CONTRIBUTIONS

Restricted promises of support are included in the financial statements as receivables and revenue in the net asset with donor-imposed restrictions category. During 2018 and 2017, there were no restricted contributions.

G. FINANCIAL ASSET LIQUIDITY

The Organization's liquidity goal is to have sufficient assets available to meet operational expenditures for a 12-month period. The primary forms of funds available are cash and the expected collections of accounts receivable. Management regularly reviews the liquidity required to meet operational expenditures.

The following reflects the Organization's financial assets as of the balance sheet dates, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet dates.

	<u>2018</u>	<u>2017</u>
Cash and cash equivalents	<u>\$ 27,762</u>	<u>\$ 11,739</u>
Accounts receivable	<u>\$ 64,478</u>	<u>\$ 30,264</u>