

COPY

OMB No. 1545-1150

2005

Open to Public Inspection

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SC Public Health Association, Number and street (or P.O. box, if mail is not delivered to street address): PO Box 11061, City or town, state or country, and ZIP + 4: Columbia, SC 29211

D Employer identification number: 57-6026723, E Telephone number: (803) 779-0343, F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [checked] Accrual Other (specify)

I Website: www.scpa.com

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): 501(c)(3) [checked]

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 99809

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 99809, total expenses is 82004, and net assets at end of year is 8322.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

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**Part III Statement of Program Service Accomplishments** (See page 42 of the instructions.)

What is the organization's primary exempt purpose? <b>Enhance Public Health</b>		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<b>Annual Educational Meetings - members, other public health professionals and public receive Education and promote the public health</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	<b>73346</b>
<b>29</b>	<b>Public Health Month - month long promotion of public health in SC</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	<b>8440</b>
<b>30</b>	<b>Public Health Sections - special events by specialty sections of the association</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	<b>218</b>
<b>31</b>	<b>Other program services (attach schedule)</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>31a</b>	
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>	<b>82004</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 42 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See list attached.				

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		✓
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year?		✓
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
<b>38b</b>		
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>39a</b>		
<b>39b</b>		
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		✓
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		0
		0

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41 List the states with which a copy of this return is filed. ▶ \_\_\_\_\_

42a The books are in care of ▶ Queen Communications Telephone no. ▶ ( 803 ) 779-0343  
Located at ▶ PO Box 11061, Columbia, SC ZIP + 4 ▶ 29211

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.   
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

**Please Sign Here**

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.

▶ Mary W. Fechtel Signature of officer Date 8/17/06  
▶ Mary W. Fechtel Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_  
Phone no. ▶ ( ) \_\_\_\_\_



**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	✓	
<b>2a</b> Sale, exchange, or leasing of property?		✓
<b>2b</b> Lending of money or other extension of credit?		✓
<b>2c</b> Furnishing of goods, services, or facilities?		✓
<b>2d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
<b>2e</b> Transfer of any part of its income or assets?		✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	✓	
<b>3b</b> Do you have a section 403(b) annuity plan for your employees?		✓
<b>3c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
<b>4b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	70289	42922	27700	45618	186529
16 Membership fees received	10940	9855	8090	13009	41894
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	401	374	200	2130	3105
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	20339	18422	18033	23420	80214
23 Total of lines 15 through 22	101969	71573	54023	84177	311742
24 Line 23 minus line 17	101969	71573	54023	84177	311742
25 Enter 1% of line 23	1020	716	540	842	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

26a	
26b	
26c	
26d	
26e	
26f	%

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test: Enter line 24, column (e)

d Add: Amounts from column (e) for lines: 18 \_\_\_\_\_ 19 \_\_\_\_\_ 22 \_\_\_\_\_ 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2004) ..... 0 (2003) ..... 0 (2002) ..... 0 (2001) ..... 0

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) ..... 0 (2003) ..... 0 (2002) ..... 0 (2001) ..... 0

c Add: Amounts from column (e) for lines: 15 186529 16 41894 17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

d Add: Line 27a total, \_\_\_\_\_ and line 27b total, \_\_\_\_\_

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

27c	228423
27d	0
27e	228423
27f	311742
27g	73.3 %
27h	.9 %

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) . . . . . . . . . . . . . . .		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) . . . . . . . . . . . . . . .			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) . . . . . . . . . . . . . . .			
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**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 instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence 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 c through h.)
- 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 other means
- i** Total lobbying expenditures (Add lines c through h.)

	Yes	No	Amount
<b>a</b>	✓		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
<b>f</b>			
<b>g</b>			
<b>h</b>			
<b>i</b>			<b>0</b>

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



## SCHOLARSHIP COMMITTEE

I. Responsibilities of the Committee:

This Committee is responsible for publicizing the scholarships, receiving nominations, selecting

potential scholarship recipients and recommending potential scholarship recipients to the Governing Council.

II. Composition of the Scholarship Committee:

Members of the Scholarship Committee shall consist of individuals in good standing in the South Carolina Public Health Association (SCPHA) and shall include, but not be limited to a representative from each of the following areas:

- \* The President-elect who shall serve as chair of the committee
- \* Two Members-at-Large
- \* The Treasurer
- \* A representative from the Norman J. Arnold School of Public Health, University of South Carolina

III. Description of the Scholarships:

Two scholarships are authorized:

- A. The Public Health Scholarship
- B. The Malcolm U. Dantzler Scholarship

IV. Awards Criteria:

A. The Public Health Scholarship

A recipient of the Public Health Scholarship must:

1. Be a student of an accredited School of Public Health and have documentation of at least six (6) hours of study remaining before graduation (may include students working on their thesis or practicum).
2. Be a current member in good standing in the Association during the year in which the scholarship application is made.
3. Demonstrate high academic and professional promise. Achieve and maintain an academic performance of 3.5 or better.
4. Exhibit significant commitment to the public health profession through volunteer and professional activity as indicated by the following activities:
  - a. Involvement in community activities
  - b. Involvement in scholarly activities
  - c. Participation in professional and/or student organizations.

B. The Malcolm U. Dantzler Scholarship

A recipient of the Malcolm U. Dantzler Scholarship must:

1. Be a current member in good standing in the Association for at least the year in which the scholarship application is made.
2. Be enrolled in a course of study leading to a degree in a health-related field and have documentation of at least six (6) hours of study remaining before graduation (may include students working on their thesis or practicum).

3. Demonstrate high academic and professional promise. Achieve and maintain an academic performance of 3.5 or better.
4. Exhibit significant commitment to the public health profession through volunteer and professional activity as indicated by the following activities:
  - a. Involvement in community activities
  - b. Involvement in scholarly activities
  - c. Participation in professional and/or student organizations.

V. Application for Scholarship:

Applicants may apply for scholarships themselves or be nominated by professionals in the field. Applications and nominations are to be mailed to the chair of the Scholarship Committee. Scholarship application forms must be postmarked no later than the deadline established by the Scholarship Committee.

VI. Duties of the Committee:

- A. The Scholarship Committee members are to provide the criteria for each scholarship and application forms to members of the Association on or before January 1 of each year through Governing Council Member assistance, the Bulletin, Section Chairs, and at mid-year workshops.
- B. The Scholarship Committee Chair will review all scholarship applications for the minimum requirements. Once the applications have been accepted, they will be distributed to the Scholarship Review Committee.
- C. Vote of the Scholarship Committee members may be by mail ballot or at a meeting called by the Chair.
- D. Final recommendations for Scholarship awards are to be made to the Governing Council at the April meeting.
- E. Scholarship recipients will be notified by the President of the Association and invited to receive their scholarship award at the awards presentation during the Annual Meeting.

## ~~CONVENTION COMMITTEES~~

~~The Convention Committees exist in order to carry out the functions of the annual meeting. Convention Committee Chairs are expected to meet with incoming Committee Chairs by July 1<sup>st</sup> to review activities~~

**Governing Council:**

President: Mary Fechtel

President Elect: Otis Outing

Immediate Past President: Joe Kinny

Vice President: Joan Carter

Secretary: Jill Varn

Treasurer: Yolanda Kennedy

Members at Large: Megan Weis (yr 2 or 2)

Heather Jones (yr 2 of 2)

Denyse Petry (yr 1 of 2)

Blake Faulkenberry (yr 1 of 2)

APHA Representative: Priscilla White

SHA Representative: Richard Funderburk

Alcohol, Tobacco and Other Drugs: Debee Early

Disease Control: Pamela Davis

Environmental Health: Jasper Varn

Health Administration: Beverly Patterson

Health Education: Barbara Bodie

Health and Human Services: Warren Devanny

Management Support: Gloria McCurry

Nutrition: Margaret Feld

Public Health Nursing: Michelle Myer

Social Work: Redonia Thomas