

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<p style="text-align: center;"><b>Fee for Late Filing</b></p> <p>Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period shall be subject to a \$200 fee.</p> <p style="text-align: center;"><b>Reporting Periods</b></p> <p><b>Incumbents:</b> The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.</p> <p><b>Termination Filers:</b> The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.</p> <p><b>Nominees, New Entrants and Candidates for President and Vice President:</b></p> <p><b>Schedule A</b>--The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing.</p> <p><b>Schedule B</b>--Not applicable.</p> <p><b>Schedule C, Part I (Liabilities)</b>--The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.</p> <p><b>Schedule C, Part II (Agreements or Arrangements)</b>-- Show any agreements or arrangements as of the date of filing.</p> <p><b>Schedule D</b>--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>
Reporting Individual's Name	Last Name Koh		First Name and Middle Initial Howard K.			
Position for Which Filing	Title of Position Assistant Secretary for Health		Department or Agency (If Applicable) Department of Health and Human Services			
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) 677 Huntington Ave, Landmark Ctr 3rd Floor East, Boston MA 02115			Telephone No. (Include Area Code) 617-496-1026		
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held None					
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Health, Education, Labor and Pensions		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Certification</b>	Signature of Reporting Individual		Date (Month, Day, Year)			
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Howard K Koh <i>MPH</i>		4/20/09			
<b>Other Review</b> (If desired by agency)	Signature of Other Reviewer		Date (Month, Day, Year)			
	<i>Rita J Hall</i>		4/23/09			
<b>Agency Ethics Official's Opinion</b>	Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)			
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	<i>Thomas J. Curiale</i>		4/24/09			
<b>Office of Government Ethics Use Only</b>	Signature		Date (Month, Day, Year)			
	<i>Thomas J. Curiale</i>		4/24/09			
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)						
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>						
(Check box if comments are continued on the reverse side) <input type="checkbox"/>						
<p><b>Agency Use Only</b></p> <p style="text-align: center;">APR 23 2009</p> <p><b>OGE Use Only</b></p> <p style="text-align: center;">APR 24 2009</p>						



Reporting Individual's Name  
 Koh, Howard K.

**SCHEDULE A continued**  
 (Use only if needed)

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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period											BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.											Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria											
												Type													Amount										
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500			\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	Over \$5,000,000			
1 ConocoPhillips Common	x																		x																
2 Exxon Mobil Corp Common			x												x			x	x																
3 Schlumberger LTD Common		x													x				x																
4 AFLAC Inc. Common		x													x				x																
5 Berkshire Hathaway Class B Common			x																x																
6 Charles Schwab Corp Common			x												x				x																
7 State Street Corp Common		x													x			x	x																
8 Caterpillar Inc. Common		x													x				x																
9 Danaher Corp. Common		x																	x																

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.



Reporting Individual's Name  
 Koh, Howard K.

**SCHEDULE A continued**  
 (Use only if needed)

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BLOCK A	BLOCK B										BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria											
	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																						
											Type																						
None <input type="checkbox"/>	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	Over \$5,000,000			
1 Intel Corp Common		X													X					X													
2 Microsoft Corp Common			X												X			X		X													
3 Qualcomm Inc. Common			X												X					X													
4 Symantec Corp Common			X																X														
5 Du Pont Common		X													X					X													
6 Potash Corp of Saskatchewan Inc. Common		X																	X														
7 Vodafone Group PLC			X												X			X		X													
8 Dominion Resources Inc. Common			X												X					X													
9 iShares Dow Jones US Aerospace & Defense Index Fund		X											X							X													

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name  
 Koh, Howard K.

**SCHEDULE A continued**  
 (Use only if needed)

BLOCK A	BLOCK B								BLOCK C										Date (Mo., Day, Yr.)  Only if Honoraria									
	Valuation of Assets at close of reporting period								Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																			
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500		\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)
None <input type="checkbox"/>																												
1 iShares MSCI EAFE Index Fund			X						X									X										
2 iShares MSCI Emerging Mkts Index Fund			X						X								X											
3 iShares S&P SmallCap 600 Index Fund			X						X							X												
4 Pimco Fund All Asset Fund			X						X								X											
5 SPDR S&P MidCap 400 DEP Recpts (MDY)				X					X								X											
6 Boston MA GO Municipal Bond			X														X											
7 Stoneham MA Go Municipal Bond			X														X											
8 Manchester By-the-Sea, MA GO Municipal Bond			X													X												
9 Puerto Rico Commonwealth Bonds			X													X												

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.















**SCHEDULE A continued**

Koh, Howard K.

(Use only if needed)

BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria				
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Type				Amount							
															Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000			\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000
1	Templeton Franklin Growth Fund														x											
2	Riverbank Checking, Lawrence, MA														x											
3	Riverbank Savings, Lawrence, MA														x											
4	TD Bank North Savings, Andover, MA														x											
5																										
6	Harvard School of Public Health																				Salary \$281,250					
7	(S) Arrigg Eye and Ear Associates, Lawrence, MA (Ophthalmologist) (1/3 interest)														x						Salary					
8	(S) Cataract and Laser Center of the North Shore, Andover, MA (surgical ambulatory center)														x						Distributions \$75,840					
9	Springer Science and Business Media, L.L.C. "Toward the Elimination of Cancer Disparities" (Value Not Ascertainable)														x											

None





**Do not Complete Schedule B if you are a new entrant, nominee, Vice Presidential or Presidential Candidate**

Reporting Individual's Name <b>Koh, Howard K.</b>	<b>SCHEDULE B</b>	Page Number <b>16</b>
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**Part I: Transactions**

None

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not

report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)														
		Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture			
	Example: Central Airlines Common	x			2/1/99			x												
1																				
2																				
3																				
4																				
5																				

\* This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

**Part II: Gifts, Reimbursements, and Travel Expenses**

For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111, or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by

the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.

None

	Source (Name and Address)	Brief Description	Value
	Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$306
1			
2			
3			
4			
5			



Reporting Individual's Name Koh, Howard K.	SCHEDULE C	Page Number 17
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**Part I: Liabilities**

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your

personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

Category of Amount or Value (x)

Creditor's (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)																		
					\$10,001 - \$15,000	\$15,001 - \$20,000	\$20,001 - \$25,000	\$25,001 - \$30,000	\$30,001 - \$35,000	\$35,001 - \$40,000	\$40,001 - \$45,000	\$45,001 - \$50,000	\$50,001 - \$55,000	\$55,001 - \$60,000	Over \$60,000								
Examples: First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand					x														
1 Harvard University	Educational Loans	2005	0%	10 yrs																			
2																							
3																							
4																							
5																							

\* This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

**Part II: Agreements or Arrangements**

Report your agreements or arrangements for: continuing participation in an employee benefit plan (e.g. 401k, deferred compensation); (2) continuation payment by a former employer (including severance payments); (3) leaves

of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.

None

Status and Terms of any Agreement or Arrangement	Parties	Date
Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
1 I will take a two year leave of absence from my Professor of the Practice of Public Health position with the Harvard School of Public Health. At the end of that time, I will apply for an additional leave of absence or resign. While on a leave of absence,		
2 I will retain the 0% educational loan with Harvard	Harvard University	3/09
3 TIAA-CREF with Harvard University. No contributions to this plan are made by Harvard University.	Harvard University	9/85
4		
5		
6		

Reporting Individual's Name <b>Koh, Howard K.</b>	<b>SCHEDULE D</b>	Page Number <b>18</b>
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**Part I: Positions Held Outside U.S. Government**

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or

consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	Harvard School of Public Health Harvard School of Public Health	Non-profit education Non-profit education	Associate Dean Dir., Div. of Public Health Practice	9/2003 9/2003	Present Present
2	Harvard School of Public Health Boston University School of Medicine	Non-profit education Non-profit education	Fineberg Professor of the Practice Adjunct Faculty	1/2005 1/2003	Present Present
3	American Legacy Foundation Board of Directors Institute of Medicine (IOM) Cmte on Reducing Hypertension in US	Non-profit Non-profit	Member Chair	3/2008 1/2009	Present Present
4	IOM Cmte on Smoking Cessation in Military/Veteran Populations Partnership for Health Care Excellence	Non-profit Non-profit	Member Member	2/2008 9/2007	Present Present
5	IOM Roundtable on Racial/Ethnic Health Disparities Health Care for All Massachusetts, Disparities Action Network	Non-profit Non-profit	Member Honorary Chair	11/2006 12/2007	Present Present
6	American Society of Law, Medicine & Ethics Board of Directors Blue Cross Blue Shield of Massachusetts Foundation Board of Dir.	Non-profit Non-profit	Member Member	3/2005 9/2004	12/2008 Present

**Part II: Compensation In Excess Of \$5,000 Paid by One Source**

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any

corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

**Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate**

None

	Source (Name and Address)	Brief Description of Duties
Examples:	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1	Harvard School of Public Health Boston University School of Medicine	Salary as Associate Dean, Professor, and Director, Division of Public Health Practice Physician in Skin Oncology/Dermatology Clinic 4hours/week
2	University of Hong Kong, Hong Kong, China	Honorarium for organizing, implementing and speaking at a Workshop
3		
4		
5		
6		

Reporting Individual's Name Koh, Howard K.	<b>SCHEDULE D</b>	Page Number 19
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**Part I Continuation**

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	Examples: Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
7	New England Reg. Ctr of Excellence in Biodefense Sci. Advisory Cmte American Cancer Society Board of Advisors, New England Div.	Non-profit Non-profit	Member Member	12/2002 5/2005	Present Present
8	Advisory Board, Asian American Diabetes Initiative State Health Leadership Initiative Advisory Cmte, ASTHO	Non-profit Non-profit	Member Member	9/2005 1/2008	Present Present
9	Committee on Public Health, Massachusetts Medical Society Editorial Board, Journal of Public Health	Non-profit Scientific Journal	Member, Inaugural Chair Member	5/2004 8/2008	Present Present
10	New England Journal of Medicine Journal of Disaster Medicine and Public Health Preparedness	Scientific Journal Scientific Journal	Reviewer Reviewer, Asso. Board	5/2006 3/2007	Present Present
11	Health Affairs Massachusetts Health Information Technology Council	Scientific Journal State Health Agency Committee	Reviewer Member	9/2006 1/2009	5/2007 Present
12	Environmental Public Health Tracking Cmte, MA Dept of Public Health Multicultural Advisory Committee, Massachusetts General Hospital	State Health Agency Committee Non-profit	Member Member	12/2006 1/2006	Present Present
13	Dana-Farber/Harvard Cancer Ctr Disparities Program-in-Development Harvard Coordinating Cmte for the Commonwealth Fund Fellowship	Non-profit Non-profit	Member, Program Leader Member	3/2007 9/2005	Present 10/2008
14	Dana-Farber/Harvard Cancer Ctr Populations Sciences Cmte Medical Advisory Committee on Pandemic Flu, Harvard University	Non-profit Non-profit	Member Member	9/2007 1/2005	Present Present
15	NCI Cancer Prevention Fellows Advisory Cmte, Dana-Farber Institute Health Communications Committee, Harvard School of Public Health	Non-profit Non-profit education	Member Member	9/2004 10/2004	Present Present
16	Public Health Practice Committee, Harvard School of Public Health Seoul National University School of Public Health	Non-profit education Non-profit education	Member Visiting Professor	4/2003 11/2008	Present 11/2008
17	National Cancer Center of South Korea The Korean Society for Research on Nicotine and Tobacco	Hospital Center Non-profit	Visiting Lecturer Visiting Lecturer	11/2008 11/2008	11/2008 11/2008
18	Altered Standards of Care Advisory Cmte, Mass Dept. of Public Health Harvard Advanced Leadership Initiative, Harvard University	State Health Agency Committee Non-profit education	Co-chair Co-chair	3/2008 12/2006	Present Present
19					