

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
Council of State and Territorial Epidemiologists Inc
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2872 Woodcock Blvd 250
City or town, state or province, country, and ZIP or foreign postal code
Atlanta, GA 30341

D Employer identification number
23-7410799
E Telephone number
(770) 458-3811
G Gross receipts \$ 18,156,258

F Name and address of principal officer
Jeffrey P Engel MD
2872 Woodcock Blvd 250
Atlanta, GA 30341

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.cste.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1992

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
DEVELOPMENT OF STATE SURVEILLANCE AND EPIDEMIOLOGIST TRAINING Vision Statement The Council of State and Territorial Epidemiologists is committed to improving the public's health by supporting the efforts of epidemiologists working at the state and local level to influence public health programs and policy based on science and data

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	48
6 Total number of volunteers (estimate if necessary)	6	950
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	475
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,334,021	17,071,097
9 Program service revenue (Part VIII, line 2g)	969,517	1,062,815
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,811	8,450
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,897	13,896
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,319,246	18,156,258
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,742,061	5,481,098
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,364,471	4,441,674
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,866,476	7,900,151
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,973,008	17,822,923
19 Revenue less expenses Subtract line 18 from line 12	346,238	333,335
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,440,692	4,314,631
21 Total liabilities (Part X, line 26)	1,666,751	2,146,919
22 Net assets or fund balances Subtract line 21 from line 20	1,773,941	2,167,712

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: _____ Date: 2018-08-14
John Lisco Senior Director of Finance
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Aleisa Howell
Preparer's signature: Aleisa Howell
Date: 2018-08-14
Check if self-employed PTIN: P00936721
Firm's name: Mauldin & Jenkins LLC
Firm's EIN: 58-0692043
Firm's address: 200 Galleria Pkwy SE Ste 1700
Atlanta, GA 303395946
Phone no: (770) 955-8600

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

See Schedule O CSTE promotes the effective use of epidemiologic data to guide public health practice and improve health. CSTE accomplishes this by supporting the use of effective public health surveillance and good epidemiologic practice through training, capacity development, peer consultation, developing standards for practice, and advocating for resources and scientifically based policy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (GA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Jeffrey P Engel MD 2635 Century Parkway NE Suite 700 Atlanta, GA 30345 (770) 458-3811

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Joseph McLaughlin Vice President	2 00	X		X				0	0	0
(2) Barbara Gabella At-large	3 00	X						0	0	0
(3) Sharon Watkins PhD Environmental/Occupational	7 00	X						0	0	0
(4) Sarah Park MD President-Elect	2 00	X		X				0	0	0
(5) Richard Danila PhD MPH Infectious Disease	5 00	X						0	0	0
(6) Aaron Fleischauer At-large	3 00	X						0	0	0
(7) Janet Hamilton President	6 00	X		X				0	0	0
(8) Marci Layton Secretary-Treas	4 00	X		X				0	0	0
(9) Robert Graff PhD Chronic Disease/Maternal & Child Health	3 00	X						0	0	0
(10) Kathryn Turner Director, Surveillance/Informatics	5 00	X						0	0	0
(11) Jeffrey P Engel MD Executive Director	40 00			X			244,864	0	34,644	
(12) John Lisco Senior Director of Finance	40 00			X			160,082	0	20,088	
(13) Beverly Christner Director of Operations	40 00					X	143,645	0	27,493	
(14) LaKeshia Robinson Senior Deputy Director	24 30					X	118,973	0	38,422	
(15) Jennifer Lemmings Senior Director of Programs	40 00					X	106,722	0	39,783	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	17,068,089				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,008				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		17,071,097				
Program Service Revenue		Business Code					
	2a Annual Meetings	611430	897,417	894,948		2,469	
	b Member Fees	611430	165,398	165,398			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,062,815					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,450			8,450	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a Job Postings	541800	13,326		0	13,326		
b Book Sales	511130	360		360			
c Commissions	511130	115		115			
d All other revenue		95			95		
e Total. Add lines 11a-11d		13,896					
12 Total revenue. See Instructions		18,156,258	1,060,346	475	24,340		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,760,915			
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,720,183			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	382,805			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,050,549			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	144,162			
9 Other employee benefits	629,327			
10 Payroll taxes	234,831			
11 Fees for services (non-employees)				
a Management				
b Legal	15,741			
c Accounting	12,950			
d Lobbying	50,984			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,045,391			
12 Advertising and promotion				
13 Office expenses	220,467			
14 Information technology	294,065			
15 Royalties				
16 Occupancy	264,862			
17 Travel	2,233,051			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	221,691			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,450			
23 Insurance	23,639			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Development and Impleme	2,621,152			
b Develop Mobile Behavior	568,697			
c Telephone/Webex	143,979			
d Bank Processing Fees	26,124			
e All other expenses	91,908			
25 Total functional expenses. Add lines 1 through 24e	17,822,923			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	100	1	100
	2 Savings and temporary cash investments	2,339,791	2	2,344,791
	3 Pledges and grants receivable, net	406,331	3	1,393,261
	4 Accounts receivable, net	248,293	4	14,199
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	818	7	898
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	284,268	9	401,666
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	416,443		
	b Less accumulated depreciation	272,912		
		144,598	10c	143,531
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	16,523	15	16,185	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,440,692	16	4,314,631	
Liabilities	17 Accounts payable and accrued expenses	1,575,516	17	2,068,138
	18 Grants payable		18	
	19 Deferred revenue	57,649	19	62,718
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	33,586	25	16,063
	26 Total liabilities. Add lines 17 through 25	1,666,751	26	2,146,919
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,770,858	27	2,167,210
	28 Temporarily restricted net assets	3,083	28	502
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,773,941	33	2,167,712
	34 Total liabilities and net assets/fund balances	3,440,692	34	4,314,631

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,156,258
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,822,923
3	Revenue less expenses Subtract line 2 from line 1	3	333,335
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,773,941
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	60,436
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,167,712

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c		No
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-7410799

Name: Council of State and Territorial
Epidemiologists Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

FellowshipsApplied Epidemiology Fellowship1) Created in 2003, the Applied Epidemiology Fellowship (AEF) is designed for recent master's or doctoral-level graduates in epidemiology or a related field who are interested in public health practice at the state or local level. The program provides rigorous training and mentorship for its participants while also being flexible to meet the subject area interests of the fellow. Fellows develop a set of core skills through competency-based training. 2) Based on the Epidemic Intelligence Service (EIS) program and using a mentorship model, the fellowship offers a unique opportunity for graduates to develop epidemiologic skills with high quality, on-the-job training. Fellows work closely with highly trained and experienced epidemiologists at the state and local level, as well as those working at the federal level with CDC. Overall, 88% of fellowship graduates worked in state, local, or federal public health agencies for a least a year following the fellowship. AEF Highlights1) Gabriela Escutia, MPH, a Class XIII fellow placed at the San Diego County Health Department and the San Diego CDC Quarantine Station assisted with Zika Virus response in San Juan, Puerto Rico. For two months beginning in October 2016, she assisted in measuring the effectiveness of vector control initiatives in Puerto Rico. She also assisted with the initiation of a project to identify non-testing of Zika virus by OB/GYN providers in Puerto Rico. She also managed data and conducted statistical analysis to measure the impact of the Deren el zika Campaign. 2) Jane Yackley, MPH, a Class XIV fellow at the Tennessee Department of Health placed in a food safety assignment, created a RedCAP-based foodborne disease complaint system that has been used by the Food Safety Centers of Excellence as a model for other states to adopt. The system makes it easier to access complaint information, improve monitoring of complaints, and increase the potential for cross-checking with epidemiological information for the detection of environmental health issues and outbreaks. 3) Emily Morian-Lozano, MPH, MSW, a Class XIII maternal and child health fellow placed at the Maine Center for Disease Control and Prevention evaluated the 5th/6th grade Maine Integrated Youth Health Survey (MIYHS) and continued her role as a member of the steering committee which resulted in substantial changes to the survey and potential changes to the process of the project. Emily's analysis on smoking during pregnancy will be used as evidence to support the importance of addressing social determinants of health in Maine and could identify areas of the state to focus prevention and intervention efforts.

Form 990, Part III, Line 4b:

Project SHINEAs part of a multi-organization partnership, CSTE continued to support fellowship and training opportunities through the Strengthening Health Systems through Interprofessional Education (SHINE) program. The Applied Public Health Informatics Fellowship (APHIF), Informatics Training in Place Program (I-TIPP), and the Health Systems Integration Program (HSIP) provided capacity building opportunities at health departments in health systems, informatics, and epidemiology. SHINE Fellow Highlights1) Erica Washington, MPH, a Class IV I-TIPP fellow and HAI Prevention Coordinator at the Louisiana Office of Public Health taught National Health Safety Network Antimicrobial Use and Resistance (AUR) materials to over 100 infection preventionists at the annual National Healthcare Safety Network and Emerging Infectious Diseases (EID) Workshops coordinated by the Louisiana HAI Program. She also contacted other states that were making progress toward AUR surveillance goals to request that they share promotional and educational materials on AUR and antibiotic stewardship. 2) Meghan Weinberg, PhD, a Class III HSIP fellow at the Michigan Department of Health and Human Services combined her infectious disease training and EIS experience to improve the Michigan Disease Surveillance System. Her efforts resulted in data-driven recommendations to improve the automatic patient merging function to improve data quality and increase efficiency. She developed guidance on de-duplicating patient records in the system to serve as a resource for future users to sustain the quality improvements long term. 3) Lina Saintus, MPH, a Class V APHIF fellow at the North Carolina Department of Health and Human Services served as the ELR project manager to oversee the onboarding process for multiple hospitals to send electronic laboratory results. She also developed a post-production ELR quality assurance template to be used in North Carolina and other states and has laid the ground work for developing a quality assurance report card for continuous improvement.

Form 990, Part III, Line 4c:

Epidemiology Programs & Workforce Development Accomplishments 7/1/16 - 6/30/17A) Trainings and Resources 1) Partnered with MMWR to provide an Intensive Writing Training which included a webinar series, in-person component and mentorship from experienced writers 2) Began a mentorship program through the Early Career Professionals Workgroup to build relationships and foster shared learning among applied epidemiologists 3) Completed the STD Capacity Project to better define and capture both foundational and enhanced surveillance activities across STD surveillance programs in June 2017 4) Developed "Best Practices for Surveillance of Antimicrobial Resistance via Electronic Laboratory Reporting" by the AR/ELR Working Group, which documents common steps and definitions for establishing electronic laboratory reporting (ELR) for antimicrobial resistance (AR), onboarding ELR partners, and processing HL7 ELR messages 5) Hosted a 4-day Epi Info Train the Trainer workshop in March 2017 for epidemiologists from 15 health departments 6) Completed two How-to-Guides, one for Hospitalizations Attributable to Drugs with Potential for Abuse and Dependency, and one for tracking Hospitalizations Attributable to Alcohol within the Alcohol and Other Drug Indicators Subcommittee 7) Developed the Council to Improve Foodborne Outbreak Response (CIFOR) Guidelines for Foodborne Illness Complaint Systems to address the use of foodborne illness complaint systems to detect foodborne disease outbreaks These guidelines will be incorporated in the third edition of the CIFOR Guidelines for Foodborne Disease Outbreak Response 8) Released an evaluation report of the 2016 CIFOR Guidelines and Toolkit Implementation Trainings, which characterizes the trainings at the 15 CSTE-funded sites and summarizes feedback from training organizers and facilitators about training efforts related to the CIFOR Toolkit 9) Expanded the scope of the CSTE Enteric Diseases Subcommittee (formerly CSTE Food Safety Subcommittee) to address existing and emerging waterborne diseases of public health concern and completed a webinar series on priority subcommittee topics 10) Released the Chronic Disease Epidemiology Capacity Building report in 2016 to prioritize the chronic disease-specific recommendations for state and local health department in response to needs identified from the 2013 Epidemiology Capacity Assessment 11) Finalized a guidance document by the Heat Syndrome Workgroup on implementing heat-related illness syndromic surveillance in public health practice 12) Hosted a meeting in October 2016 in conjunction with the CDC Environmental Public Health Tracking grantees meeting to identify best practices for visualization of local life expectancy estimates and messaging demonstrated effective for raising awareness and catalyzing multi-sector actions 13) Launched a new CSTE webpage featuring the Sub-County Assessment of Life Expectancy (SCALE) guide, links to resources and past SCALE presentations 14) Developed a guidance document by the Climate & Health Syndromic Surveillance workgroup to encourage surveillance of climate-related health impacts by developing a general instruction on how a jurisdiction may use their syndromic surveillance systems for climate and health surveillance 15) Provided Reportable Conditions Knowledge Management System (RCKMS) training for the Robert Wood Johnson Foundation (RWJF) and de Beaumont-funded Digital Bridge Electronic case reporting (eCR) pilot jurisdictions at the 2017 CSTE Annual Conference 16) Maintained 23 OH indicators for surveillance with an annually updated guidance document Developed a new guidance document for sub-state level measures analysis 17) Developed a document within the OH Subcommittee on the Comparison of OSHA Enforcement, OSHA Consultation and NIOSH Health Hazard Evaluation Referrals 18) Hosted "Zika: Notes from the Field" webinar series highlighting jurisdictional experiences from Texas, Florida and Puerto Rico, among others B) Building STLT Capacity 1) Supported 11 STLT-based novel substance use and mental health surveillance projects Example projects include piloting an active surveillance system for suicide attempts, improving drug surveillance among tribal partners, and assessing the burden of mental health and substance use in a vulnerable population 2) Funded 4 states to pilot the "Recommended CSTE Surveillance Indicators for Substance Abuse and Mental Health" 3) Completed the Carbapenem-resistant Enterobacteriaceae (CRE) Surveillance Assessment to determine the status of surveillance for CRE within states 4) Developed the Assessment of Healthcare-associated Infection (HAI) Resources and Capacity Infection Prevention and Drug Diversion to better understand HAI programs' infection prevention and control, drug diversion investigation resources, capacity, and experience 5) Conducted the 2016 State Reportable Conditions Assessment (SRCA) with a 100% response rate 6) Completed Phase II of the RCKMS Project, which included building a knowledge repository for public health and reporters to access information on reporting specifications and a decision support tool to determine the reportability of potential cases of reportable conditions 7) Partnered with HLN Consulting to develop an initial release of the RCKMS decision support tool and jurisdictional user-facing authoring interface, demonstrated the tool at the 2016 CSTE Annual Conference, and conducted an RCKMS Focus Group at the 2016 Public Health Informatics Conference 8) Deployed RCKMS decision support tool on the APHL Informatics Messaging Services platform (AIMS) through a partnership with the APHL 9) Finalized the first round of default content development and vetting of 74 notifiable conditions by translating jurisdiction reporting specifications into machine-processable formats to be used by the RCKMS decision support tool 10) Maintained partnership with CDC and APHL to support the National Notifiable Diseases Surveillance System (NNDSS) Modernization Initiative (NMI), technical assistance (TA), and onboarding efforts 11) Developed evaluation tools to determine effectiveness of technical assistance and to measure the costs to implement updated message mapping guides (MMGs), as well as the level of effort involved in the onboarding process 12) Continued the activities of the CSTE electronic Initial Case Report (eICR) Task Force, which identified and defined the minimum data elements to be included in an eICR message sent from an electronic health record (EHR) system to public health, by supporting the development and balloting of the HL7 CDA R2 Implementation Guide 13) Continued the activities of the CSTE electronic Initial Case Report (eICR) Task Force, which identified and defined the minimum data elements to be included in an eICR message sent from an electronic health record (EHR) system to public health, by supporting the development and balloting of the HL7 CDA R2 Implementation Guide 14) Concluded second and third phases of funding to 12 collective sites for participation in the Influenza Education among Youth in Agriculture Pilot Project, focused on state-owned collaborations with public health, animal health, and youth organizations to promote One Health initiatives by educating youth on the epidemiology, prevention, and control of zoonotic diseases with public health impact 15) Supported enhanced influenza surveillance at multiple sites through three projects The Influenza Hospitalization Surveillance Project (IHSP, 3 sites), Acute Respiratory Illness Epidemiology and Surveillance Project (ARIES, 6 sites), and Severe Acute Respiratory Infections (SARI) project (1 site, concluded 2016) 16) Supported pilot projects in 3 sites through the 2016-2017 influenza season to increase awareness of Flu Near You among applied epidemiologists, the public and develop new analytic tools for utilization of Flu Near You data 17) Continued to serve as a project partner in Flu on Call, a CDC led initiative to establish a national network of triage lines in the event of a severe influenza pandemic, using existing networks and infrastructure 18) Collaborated with CDC to identify 3 jurisdictions to participate in the Informatics Field Assignee pilot project to advance CDC Surveillance Strategy goals (NMI, ELR, syndromic surveillance, electronic death reporting or eCR) and address gaps in existing informatics capacity at the jurisdiction through a one-year field assignment 19) Awarded funding to select jurisdictions to implement a 12-question Marijuana Supplement within the CDC Pregnancy Risk Assessment Monitoring System (PRAMS) assessment 20) Supported ISDS efforts to develop ICD-9 to ICD-10 codeset consensus mappings in order to assist public health in converting between ICD-9-CM and ICD-10-CM

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of the organization Council of State and Territorial Epidemiologists Inc	Employer identification number 23-7410799
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	80,998
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	50,356
b Carryover from last year	2b	
c Total	2c	50,356
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	52,649
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-2,293

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Council of State and Territorial
Epidemiologists Inc

Employer identification number
23-7410799

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		416,443	272,912	143,531
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				143,531

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Rent Discount	16,063
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	16,063

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	18,156,258
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	18,156,258
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	18,156,258

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

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

1	Total expenses and losses per audited financial statements		1	17,762,487
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		-60,436
e	Add lines 2a through 2d		2e	-60,436
3	Subtract line 2e from line 1		3	17,822,923
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	17,822,923

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 23-7410799

Name: Council of State and Territorial
Epidemiologists Inc

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Organization accounts for uncertain tax positions in accordance with accounting standards that provide guidance on when uncertain tax positions are recognized in an entity's financial statements and how the values of these positions are determined. No liability has been recorded as of September 30, 2017 or 2016 due to uncertain tax positions.

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Refunds of Grants paid in prior years -60,436

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Council of State and Territorial
Epidemiologists Inc

Employer identification number

23-7410799

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			71,960
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			71,960

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

Return Reference	Explanation
Part I, Line 2	Expenses were documented with invoices, receipts & signatures

Additional Data

Software ID:

Software Version:

EIN: 23-7410799

Name: Council of State and Territorial
Epidemiologists Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland & Greenland)	0	0	Program Services	Flu Surveillance	7,148
Sub-Saharan Africa	0	0	Program Services	Ebola	28,645
East Asia and the Pacific	0	0	Program Services	Flu Surveillance	1,668

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Flu Surveillance	1,750
Sub-Saharan Africa	0	0	Program Services	Ebola	32,749

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Council of State and Territorial
Epidemiologists Inc

Employer identification number
23-7410799

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 42

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CSTE/CDC Applied Epidemiology Fellowship		1,875,493			
(2) APH Informatics Fellowship		548,229			
(3) Health Systems Integration Program Fellowship		642,835			
(4) Contract Program services		326,997			
(5) Other		326,627			
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	CSTE executes a legally binding agreement with all grantees. This agreement describes the detailed terms and permissible uses of grant funds. Funded entities are required to submit regular progress reports detailing the use of funds 2 - 4 times per year. Progress reports are reviewed internally and shared with stakeholders if needed and/or requested. Funded entities are required to submit budgets detailing estimated costs and expenditures of the award before any funds are disbursed. Any changes made by the grantee from the approved budget must be preapproved by CSTE. A final report is due at the end of the project.

Additional Data

Software ID:
Software Version:
EIN: 23-7410799
Name: Council of State and Territorial
Epidemiologists Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Utah Dept of Health PO Box 144003 Salt Lake City, UT 84114			158,472				Influenza Hosp
Michigan Dept of Health and Human Serv PO Box 30437 Lansing, MI 48909			148,299				Influenza Hosp YR7

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ohio Dept of Health PO Box 15278 Columbus, OH 43215			134,596				Influenza Hosp
NYC Dept of Health & Mental Hyg 42-09 28th Street CN48 Long Island, NY 11101			89,165				Influenza Incidence

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ohio Dept of Health PO Box 15278 Columbus, OH 43215			83,214				One Health Flu Ed
Kentucky Dept of Public Health 275 E Main St Frankfort, KY 40621			60,988				Informatics Field Assign

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Dakota Dept of Health 600 e Boulevard Ave Bismarck, ND 58505			58,750				Influenza Incidence
Minnesota Dept of Health PO Box 64975 St Paul, MN 55164			56,249				Influenza Incidence YR8

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Dept of Public Health 2 Peachtree St NW Atlanta, GA 30303			56,234				Influenza Hosp YR8
Wisconsin Dept of Health Serv PO Box 1668 Madison, WI 53701			55,919				melissas - 07/30/18 04 02PM Worksheet Schedule I

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Michigan Dept of Health and Human Serv PO Box 30437 Lansing, MI 48909			52,656				One Health Flu
New Mexico Dept of Health PO Box 25307 Albuquerque, NM 87125			51,477				Behavioral Health Surv

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Michigan Dept of Health and Human Serv PO Box 30437 Lansing, MI 48909			50,000				GHOST
Seattle-King County Dept of Public Health 401 5th Ave Ste 1300 Seattle, WA 98104			50,000				Behavioral Health Surv

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Carolina Dept of health & Human Serv 225 North McDowell St Raleigh, NC 27603			48,634				Informatics Field Assign
Alaska Dept of Health 3601 C Street Suite 358 Anchorage, AK 99503			48,434				Marijuana

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida State of Dept of Health 4052 Bald Cypress Way Bin B-02 Tallahassee, FL 32399			43,747				Influenza Hosp YR8
St Louis County Dept of Public Health 6121 North Hanley Rd Berkeley, MO 63134			34,209				Naloxone

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Iowa Dept of Public Health 321 E 12th Street Des Moines, IA 50319			33,929				One Health Flu Ed Youth YR3
Mesa County Health Dept PO Box 20000-5033 Grand Junction, CO 81502			32,085				Behavioral Health Surv

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Minnesota Dept of Health PO Box 64975 St Paul, MN 55164			31,313				One Health Flu ED Youth
South Dakota Dept of Health 615 East 4th Street Pierre, SD 57501			30,925				Informatics Field Assign

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boulder County Public Health 3450 Broadway Boulder, CO 80304			30,000				Essence Platform Surv
Rocky Mountain Tribal Epidemiology Center 711 Central Avenue Suite 220 Billings, MT 59102			30,000				Behavioral Health Surv

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Denver Public Health PO Box 17093 Denver, CO 80217			29,997				Behavioral Health Surv
Seattle-King County Dept of Public Health 401 5th Ave Ste 1300 Seattle, WA 98104			20,000				Life Expectancy

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Iowa Dept of Public Health 321 E 12th Street Des Moines, IA 50319			18,750				One Health Flu Ed Youth Phase 2
Maricopa County Dept of Public Health 4041 N Central Ave Phoenix, AZ 85012			16,000				Casper

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maricopa County Dept of Public Health 4041 N Central Ave Phoenix, AZ 85012			16,000				GHOST
Maricopa County Dept of Public Health 4041 N Central Ave Phoenix, AZ 85012			14,883				Substance Abuse

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kentucky Dept of Public Health 275 E Main St Frankfort, KY 40621			12,498				One Health Flu Ed Youth YR3
North Dakota Dept of Health 600 e Boulevard Ave Bismarck, ND 58505			12,482				One Health Flu ED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Dept of Health 109 Governor Street Richmond, VA 23219			11,001				Flu near you pilot
Houston Dept of Health and Human Services 8000 N Stadium Dr 7th FL Houston, TX 77054			10,911				Flu near you pilot

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maine Dept of Health 220 Capital St Augusta, ME 04333			10,000				One Health Flu Ed Youth YR3
New Mexico Dept of Health PO Box 25307 Albuquerque, NM 87125			10,000				Substance Abuse

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Carolina Dept of health & Human Serv 225 North McDowell St Raleigh, NC 27603			9,615				Substance Abuse
Crook County Health Department 375 NW Beaver St St100 Prineville, OR 97754			8,400				Casper

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baltimore City of Health Department 200 N Holiday Street Baltimore, MD 21202			8,333				Opioid Overdose
Michigan Dept of Health and Human Serv PO Box 30437 Lansing, MI 48909			8,139				Substance Abuse

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Minnesota Dept of Health PO Box 64975 St Paul, MN 55164			7,855				Substance Abuse
Pennsylvania Dept of Health 625 Forster Street Harrisburg, PA 17120			6,556				12 Question Marijuana

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization Council of State and Territorial Epidemiologists Inc	Employer identification number 23-7410799
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	No								
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a									
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b									
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a									
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Jeffrey P Engel MD Executive Director	(i)	233,472 -----	11,392 -----	0 -----	14,008 -----	20,636 -----	279,508 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 John Lisco Senior Director of Finance	(i)	160,082 -----	0 -----	0 -----	9,605 -----	10,483 -----	180,170 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 Beverly Christner Director of Operations	(i)	135,145 -----	8,500 -----	0 -----	8,109 -----	19,384 -----	171,138 -----	0 -----
	(ii)	0	0	0	0	0	0	0
4 LaKesha Robinson Senior Deputy Director	(i)	110,473 -----	8,500 -----	0 -----	6,628 -----	31,794 -----	157,395 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	Employees have a wellness benefit of up to \$25 per month

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Council of State and Territorial
Epidemiologists Inc

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

23-7410799

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4c (continued)	<p>21) Completed initial development and feasibility testing of a mobile application for public health surveillance in collaboration with Castleton University 22) Continued to coordinate and support both Zika Virus and Ebola Virus response activities among CSTE members, CDC State Coordination Task Force at the EOC, relevant CDC CIOs as well as other partner organizations 23) Continued convening the CDC/CSTE Zika Virus working group, comprised of vector borne and maternal and child health subject matter experts from CDC, STLT health agencies and other public health non-profits, on a weekly basis to discuss emerging issues related to the response and provided feedback on new or revised guidance and policy documents C) Consultations 1) Supported over 50 domestic and international consultations by CSTE members and staff to represent CSTE at conferences, meetings and trainings, provide technical assistance, training and peer consultation on day-to-day management of surveillance systems, and conducted several international influenza surveillance reviews D) Convenings & Meetings 1) Hosted a CDC/CSTE orientation for 13 newly appointed State Epidemiologists to orient them to CDC activities and resources that support state health departments 2) Convened two meetings in collaboration with The National Association of State Public Health Veterinarians (NASPHV) to update existing compendia guidance documents (The Animal Contact Compendium Committee and the Rabies Compendium Committee) 3) Convened an in-person session of the STD Surveillance Coordinators at the 2016 National STD Prevention Conference focused on soliciting state feedback for updating the 1996 CSTE data re-release guidelines The updated guidelines for release of data from the Division of STD Prevention were finalized late Fall 2016 4) Hosted the 7th Annual National Disaster Epidemiology Workshop, focused on the intersection of climate change and disaster epidemiology, in collaboration with CDC, the National Association for County and City Health Officials (NACCHO), and the Safe States Alliance 5) Convened the third CSTE Pollen Summit in collaboration with the Asthma and Allergy Workgroup which focused on engaging key partners needed to finalize specifications for a national pollen monitoring network and develop a strategic plan for the promotion, education, advocacy and funding needed to implement the network 6) Partnered with CDC and APHL to host four joint PulseNet/OutbreakNet Regional Meetings, providing a platform for exchanging knowledge and expertise on emerging topics and discussing surveillance for, detection of, and response to enteric diseases and building collaborations 7) Continued serving as CIFOR co-chair and hosted biannual in-person CIFOR Council Meetings in Minneapolis in September 2016 and Salt Lake City in March 2017 and telephonic meetings in December 2016 and June 2017 Hosted an in-person meeting in January 2017 to identify and prioritize tools and resources that would</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4c (continued)	<p>Id help health departments implement electronic case reporting (eCR) 8) Successfully convened the 9th Annual WestON meeting in September in Denver, CO with over 70 in-person attendees and 20 webinar participants under the new U13 collaboration-based conference grant with NIOSH 9) Convened the Winter CSTE Occupational Health (OH) Subcommittee Meeting in conjunction with the National Institute for Occupational Safety and Health (NIOSH) State Partners Meeting and the NIOSH Workers' Compensation Meeting on Dec 7-8, 2016 The theme of the CSTE OH Meeting was "Strengthening Efforts to Integrate Occupational Health and Safety into Greater Public Health " 10) Convened a project workgroup kick-off meeting in November 2016 in Atlanta, GA for the Implementation and Testing of Proposed ICD-10-CM Injury Frameworks Three subgroups were developed to complete the scope of work including the Data Quality Subgroup, Case Definition Subgroup, and the External Cause Matrix Subgroup 11) Convened an Epihack workshop in September 2016 in Denver, CO, in partnership with Skoll Global Threats Fund, to explore Flu Near You data visualization and analytic needs of public health departments 12) Convened a behavioral health surveillance working group of state, local and federal epidemiologists to review evaluation guidelines for behavioral health surveillance and make recommendations 13) Established a Mental Health Workgroup to address state, tribal, and local mental health epidemiology needs and develop standardized measures in Sept 2016 In March 2017, the Workgroup became a CSTE Subcommittee 14) Presented the work of the Overdose Subcommittee at the 12th Annual World Congress on Injury Prevention and Safety Promotion in Finland The presentation was titled "Building Epidemiological Capacity for Drug Overdose " 15) Continued supporting the Antimicrobial Resistance Surveillance Taskforce to identify, develop, and put into practice scientific, technical, and policy solutions needed to strengthen AR surveillance 16) The AR Taskforce held an in-person meeting in March 2017 to develop a strategic map for a national AR surveillance system 17) Hosted the Annual Preparedness Meeting of Non-Profits in March 2017 with representatives from the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), the Association of Public Health Laboratories (APHL) and CDC's Office of Public Health Preparedness and Response (OPHP&R) to discuss the role of public health non-profits in supporting ongoing and future public health emergency responses 18) Hosted 16 workshops at the June 2017 CSTE Annual Conference in Boise, Idaho on topics including environmental health surveillance, whole genome sequencing for enteric disease outbreaks, substance use and mental health surveillance, lessons learned from the Zika response, occupational health and safety, molecular epidemiology, Epi Info, healthcare-associated infections</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4c (continued)	<p>and antimicrobial resistance, electronic case reporting, influenza surveillance, community health assessments, maternal and child health, chronic disease, injury surveillance, legionella surveillance and a national meeting of state public health veterinarians E) Policy 1) Developed, co-signed or co-sponsored over 15 letters with other partner organizations to document a specific action or series of actions requested by CSTE membership of an external individual, agency, or organization Examples include but are not limited to 2) Submitted formal feedback to HHS on the Notice of Proposed Rulemaking for the Federal Policy for the Protection of Human Subjects (Common Rule) and provided comments on the Federal Register notice regarding National Parks Service Office of Public Health Disease Reporting and Surveillance System 3) Authored a letter to CDC/NCHS regarding the redesign of the injury module questions in the National Health Interview Survey (NHIS), which included a proposal to remove key questions related to injury and OH surveillance in consultation with National Center for Health Statistics (NCHS) and NIOSH 4) Authored a letter to the American College of Surgeons who administers the National Trauma Data Standard to call for the reinsertion of Workers' Compensation as a payer source field option F) Position Statements The following position statements were approved by the Council at the 2017 CSTE Annual Conference 17-CC-01 - "Support for Use of the CDC Model Aquatic Health Code (MAHC) as a Resource and Guidance Document by State, Territorial, and Local Jurisdictions Regulating Public Aquatic Facilities" 17-ID-01 "Revision to the Standardized Surveillance and Case Definition for Acute Flaccid Myelitis" 17-ID-02 "Revision for the Standardized Case Definition, Case Classification, and National Surveillance for Anthrax" (NNC) 17-ID-03 "Standardized Case Definition for Candida Auris" 17-ID-04 "Public Health Reporting and National Notification of Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE)" (NNC) 17-ID-07 "Standardized Case Definition for Extrapulmonary Nontuberculous Mycobacteria Infections" 17-ID-08 "Public Health Reporting and National Notification of Perinatal Hepatitis C Virus Infection" (NNC) 17-ID-09 "Establishing a Case Definition for Latent TB Infection (TB Infection)" 17-ID-10 "Public Health Reporting and National Notification for Shiga Toxin-Producing Escherichia coli (STEC)" (NNC) 17-ID-11 "Update to Public Health Reporting and National Notification for Syphilis" (NNC)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4c (continued)	G) International 1) Advised on the development of the European Centre for Disease Control and Prevention's epidemiology capacity and training needs assessment 2) Supported international influenza surveillance reviews through deployment of CSTE consultants to locations including Uganda, Mexico, Nepal, Paraguay, Sri Lanka, Maldives, Jamaica, and Moldova 3) Collaborated with CDC and APHL to host an International Influenza Surveillance and Laboratory Assessor Training in October 2016 to prepare members to serve as subject matter consultants during international surveillance capacity reviews 4) Supported training courses focused on enhancing international epidemiology and surveillance for influenza in Amsterdam, the Netherlands and Pune, India 5) Supported four deployments of epidemiologists to West Africa for Ebola Virus Disease recovery efforts and supported six deployments to Puerto Rico for Zika response efforts in late 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The organization has active memberships and associate memberships for persons engaged in the practice of epidemiology Persons currently enrolled full time in an undergraduate or graduate program who are actively pursuing a degree in public health or related field are eligible for student membership

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The election of the Executive Board, position statements that do not affect state or territorial public health law, and other similar matters as specified in the Bylaws or designated by the Executive Board shall be determined by a vote of the Active Members by electronic ballot at a time before the Annual Meeting or as designated by the Executive Board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Official Council decisions, such as position statements that affect public health law, are made by vote with only one vote per state or territory cast by the State Epidemiologist or an official active member representative from the state or territory designated by the State Epidemiologist

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The final 990 with all schedules is mailed to the Secretary/Treasurer eight days before it is filed. The Secretary/Treasurer has a full week to review.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Policy requires immediate notification of conflicts and we have annual acknowledgement that all has been disclosed

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Every three to five years an independent contractor is hired to do a salary and wage review. Copies of the report are given to the Executive Board to use as a tool for setting the Executive Director's salary, and a copy is given to the Executive Director for setting the employees' salaries.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Some information is posted on the CSTE website for the general public to access. Some information is posted on the CSTE website for member access only. Any information that a requestor could not access themselves, upon request, is provided either by email, fax or mail.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Refunded Grants paid in prior years 60,436