

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

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: 2635 CENTURY PARKWAY NE NO 700
 City or town, state or province, country, and ZIP or foreign postal code: ATLANTA, GA 30345

D Employer identification number: 23-7410799
E Telephone number: (770) 458-3811
G Gross receipts \$ 21,882,598

F Name and address of principal officer: JEFFREY P ENGEL MD, 2635 CENTURY PARKWAY NE NO 700, ATLANTA, GA 30345

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 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 2017 (Part V, line 2a)	5	58
6 Total number of volunteers (estimate if necessary)	6	975
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	278
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)	17,071,097	20,508,715
9 Program service revenue (Part VIII, line 2g)	1,062,815	1,350,157
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,450	-79,966
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,896	10,491
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,156,258	21,789,397
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,481,098	6,984,047
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)	4,441,674	5,407,819
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)	7,900,151	8,851,310
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,822,923	21,243,176
19 Revenue less expenses Subtract line 18 from line 12	333,335	546,221

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,314,631	5,934,263
21 Total liabilities (Part X, line 26)	2,146,919	3,220,330
22 Net assets or fund balances Subtract line 21 from line 20	2,167,712	2,713,933

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: 2019-08-14
 JEFFREY P ENGEL MD EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ALEISA HOWELL	Preparer's signature: ALEISA HOWELL	Date: 2019-08-14	Check <input type="checkbox"/> if self-employed	PTIN: P00936721
Firm's name: MAULDIN & JENKINS LLC	Firm's EIN: 58-0692043		Phone no: (770) 955-8600	
Firm's address: 200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 303395946				

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 SEE SCHEDULE OCSTE 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	
(2) BARBARA GABELLA CROSS CUTTING I	3 00	X						0	0	
(3) SHARON WATKINS PHD ENVIRONMENTAL/OCCUPATIONAL	7 00	X						0	0	
(4) SARAH PARK MD PRESIDENT-ELECT	2 00	X		X				0	0	
(5) RICHARD DANILA PHD MPH INFECTIOUS DISEASE	5 00	X						0	0	
(6) AARON FLEISCHAUER CROSS CUTTING II	3 00	X						0	0	
(7) JANET HAMILTON PRESIDENT	6 00	X		X				0	0	
(8) MARCELLE LAYTON SECRETARY-TREAS	4 00	X		X				0	0	
(9) ROBERT GRAFF PHD CHRONIC DISEASE/MATERNAL & CHILD HEALTH	3 00	X						0	0	
(10) KATHRYN TURNER SURVEILLANCE/INFORMATICS	3 00	X						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) LAKESHA 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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	774,286	0	160,430

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHROP GRUMMAN PO BOX 88830 CHICAGO, IL 60695	MARKETING	1,449,801
HLN 72810 HEDGEHOG ST PALM DESERT, CA 92260	CONSULTING	1,171,351
CASTLETON UNIVERSITY 62 ALUMNI DR CASTLETON, VT 05735	CONSULTING	568,697
ATPA UOP INVESTMENTS PO BOX 654187 DALLAS, TX 75265	PROPERTY RENTAL	274,019
CATHERINE STAES, 4335 S PIN OAK STREET SALT LAKE CITY, UT 84124	CONSULTING	149,976

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

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	20,508,715		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$ _____				
	h Total. Add lines 1a-1f		20,508,715		

Program Service Revenue			Business Code			
	2a ANNUAL MEETINGS		611430	1,101,036	1,097,149	
b MEMBER FEES		611430	249,121	249,121		
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			1,350,157			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,235			13,235
	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		93,201				
	c Gain or (loss)		-93,201				
	d Net gain or (loss)			-93,201			-93,201
	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		10,213			10,213	
b COMMISSIONS	511130		278		278		
c _____							
d All other revenue							
e Total. Add lines 11a-11d			10,491				
12 Total revenue. See Instructions			21,789,397	1,346,270	278	-65,866	

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	5,021,885			
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,962,162			
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	468,712			
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	3,599,089			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	182,729			
9 Other employee benefits	882,668			
10 Payroll taxes	274,621			
11 Fees for services (non-employees)				
a Management				
b Legal	31,585			
c Accounting	22,210			
d Lobbying	17,555			
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)	1,744,229			
12 Advertising and promotion				
13 Office expenses	290,367			
14 Information technology	473,851			
15 Royalties				
16 Occupancy	351,717			
17 Travel	2,753,129			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	540,437			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	92,820			
23 Insurance	34,815			
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	1,466,281			
b BH MOBILE APP FOR PUBLI	500,000			
c TELEPHONE/WEBEX	164,251			
d COMMUNITY FOCUSED RAPID	149,993			
e All other expenses	218,070			
25 Total functional expenses. Add lines 1 through 24e	21,243,176			
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	815
	2 Savings and temporary cash investments	2,344,791	2	3,364,658
	3 Pledges and grants receivable, net	1,393,261	3	1,534,448
	4 Accounts receivable, net	14,199	4	187,156
	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	898	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	401,666	9	169,916
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	826,040		
	b Less accumulated depreciation	214,673		
		143,531	10c	611,367
	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	16,185	15	65,903	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,314,631	16	5,934,263	
Liabilities	17 Accounts payable and accrued expenses	2,068,138	17	2,987,672
	18 Grants payable		18	
	19 Deferred revenue	62,718	19	86,968
	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	16,063	25	145,690
	26 Total liabilities. Add lines 17 through 25	2,146,919	26	3,220,330
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	2,167,210	27	2,713,933
	28 Temporarily restricted net assets	502	28	0
	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	2,167,712	33	2,713,933
	34 Total liabilities and net assets/fund balances	4,314,631	34	5,934,263

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	21,789,397
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,243,176
3	Revenue less expenses Subtract line 2 from line 1	3	546,221
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,167,712
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,713,933

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
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?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-7410799

Name: COUNCIL OF STATE AND TERRITORIAL
EPIDEMIOLOGISTS INC

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O CDC/CSTE APPLIED EPIDEMIOLOGY FELLOWSHIP PROGRAM 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 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 HIGHLIGHTS 1) STEPHANIE JOHNSON, MPH, A CLASS XV FELLOW AT THE MINNESOTA DEPARTMENT OF HEALTH WAS DEPLOYED TO AMERICAN SAMOA IN SEPTEMBER 2017 TO ASSIST WITH A DENGUE OUTBREAK THAT BEGAN IN NOVEMBER 2016. FOR THREE WEEKS, SHE WORKED TO ORGANIZE AND MAINTAIN FIELD MATERIALS, AS WELL AS MANAGED THE DIFFERENT INTERVIEWER AND PHLEBOTOMIST TEAMS FORMED. STEPHANIE ALSO ASSISTED IN A HOUSEHOLD CLUSTER INVESTIGATION TO IDENTIFY PEOPLE WITH RECENT DENGUE VIRUS INFECTION AND IDENTIFY BEHAVIORAL OR ENVIRONMENTAL FACTORS ASSOCIATED WITH INFECTION. HER TEAM'S WORK WAS PUBLISHED IN THE NOVEMBER 2018 MORBIDITY AND MORTALITY WEEKLY REPORT (MMWR) AND HIGHLIGHTED IN CSTE'S BLOG. 2) KAITLYN SYKES, MPH, A CLASS XIV FELLOW AT THE MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH, USED CSTE'S ALCOHOL AND OTHER DRUGS SUBCOMMITTEE RECOMMENDED 18 INDICATORS TO QUANTIFY INDICATORS OF MENTAL HEALTH AND SUBSTANCE USE FOR THE FIRST TIME AT THAT JURISDICTION. SHE ANALYZED THE MENTAL HEALTH AND SUBSTANCE ABUSE INDICATORS FOR 2010-2014, AS WELL AS CREATED A FIVE-YEAR REPORT FOR ALL MENTAL HEALTH AND SUBSTANCE ABUSE INDICATORS. 3) KELLY WALBLAY, MPH, A CLASS XV INFECTIOUS DISEASE FELLOW AT THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH PARTICIPATED IN THE INVESTIGATION AND RESPONSE EFFORTS TO IDENTIFY COAGULOPATHY CASES LINKED TO SYNTHETIC CANNABINOID USE MARCH-APRIL 2018. DURING THE INVESTIGATION, KELLY ASSISTED WITH COLLECTION OF KEY EXPOSURE AND MEDICAL OUTCOMES DATA BY DEVELOPING A PATIENT QUESTIONNAIRE TO COLLECT DATA ON PATIENT DEMOGRAPHICS, POTENTIAL EXPOSURES AND OUTCOMES. SHE ALSO WORKED WITH LAB STAFF TO COLLECT LONG-ACTING ANTICOAGULANT PANEL TESTING RESULTS OF EACH CASE. FROM HER EXPERIENCE, SHE CO-AUTHORED A CENTERS FOR DISEASE CONTROL AND PREVENTION'S MORBIDITY AND MORTALITY WEEKLY REPORT PUBLISHED IN MAY 2018.

Form 990, Part III, Line 4b:

SEE SCHEDULE O TRAININGS AND RESOURCES 1) RELEASED THE 2017 EPIDEMIOLOGY CAPACITY ASSESSMENT REPORT DESCRIBING THE FUNCTION AND NUMBER OF EPIDEMIOLOGISTS IN STATE HEALTH DEPARTMENTS 2) TRAINED 74 INDIVIDUALS ACROSS 15 HEALTH DEPARTMENTS ON PUBLIC HEALTH INFORMATICS USING A TEAM- AND PROJECT-BASED APPROACH THROUGH THE APPLIED INFORMATICS TEAM TRAINING (AITT) PROGRAM 3) PROMOTED PROFESSIONAL DEVELOPMENT AMONG APPLIED EPIDEMIOLOGISTS ON TOPICS OF PUBLIC HEALTH INFORMATICS, EVALUATION, GRANT WRITING, DATA ANALYSIS AND SCIENTIFIC WRITING THROUGH WEBINARS AND TRAININGS 4) PROVIDED VIRTUAL TRAININGS TO 27 JURISDICTIONS ON HOW TO AUTHOR REPORTING SPECIFICATIONS IN THE REPORTABLE CONDITIONS KNOWLEDGE MANAGEMENT SYSTEM (RCKMS) AUTHORIZING INTERFACE 5) PROVIDED SAS E-LEARNING COURSES TO 15 HIV SURVEILLANCE STAFF ACROSS VARIOUS JURISDICTIONS TO BUILD EPIDEMIOLOGIC CAPACITY 6) RELEASED THE "BEST PRACTICES FOR SURVEILLANCE OF ANTIMICROBIAL RESISTANCE VIA ELECTRONIC LABORATORY REPORTING (ELR)" GUIDANCE DOCUMENT, WHICH SUMMARIZES EXPERIENCES WITH RECEIVING AND PROCESSING CARBAPENEM-RESISTANT ENTEROBACTERIACEAE (CRE) ELR FROM LABORATORIES AND RECOMMENDED RELATED BEST PRACTICES FOR WORKING WITH LABORATORIES AND CRE ELR MESSAGES 7) RELEASED THE ZIKA VIRUS PREPAREDNESS RESOURCES TOOLKIT AND ONLINE REPOSITORY TO ENHANCE PUBLIC HEALTH PROFESSIONALS' CAPACITY TO DEVELOP AND IMPLEMENT EVIDENCE-BASED PREVENTION AND CONTROL STRATEGIES FOR ZIKA AND OTHER MOSQUITO-BORNE DISEASES 8) REVIEWED AND REVISED THE CSTE CLIMATE & HEALTH INDICATORS USING INFORMATION GATHERED IN PREVIOUS PILOT STUDIES, FEEDBACK FROM MEMBERS, AND RESEARCH OF AVAILABLE DATA SOURCES 9) DEVELOPED NEW CSTE CLIMATE & HEALTH INDICATORS TO ADDRESS EMERGING CLIMATE AND HEALTH CONCERNS 10) RELEASED A GUIDANCE DOCUMENT FROM THE OH SURVEILLANCE SUBCOMMITTEE TO PROVIDE STATES WITH IMPLEMENTATION STRATEGIES FOR OH INTEGRATION INTO OTHER AREAS OF PUBLIC HEALTH 11) UPDATED THE CSTE SURVEILLANCE INDICATORS FOR SUBSTANCE ABUSE AND MENTAL HEALTH TO VERSION 2 WITH FEEDBACK FROM PILOTS CONDUCTED IN 2017 PILOTED THE UPDATED VERSION WITH 10 STATES AND FIVE COUNTIES IN SPRING 2018 12) PUBLISHED THE ARTICLE "PREVALENCE OF GABAPENTIN IN DRUG OVERDOSE POSTMORTEM TOXICOLOGY TESTING RESULTS," CO-AUTHORED BY MEMBERS OF THE CSTE OVERDOSE SUBCOMMITTEE, IN THE JOURNAL DRUG AND ALCOHOL DEPENDENCE 13) RELEASED THE SYPHILIS OUTBREAK DETECTION DOCUMENT TO GIVE STD PROGRAMS A FRAMEWORK FOR UNDERSTANDING THEIR EPIDEMIOLOGY, DETERMINING IF AND WHEN AN OUTBREAK MIGHT BE OCCURRING, AND DETERMINING WHEN ADDITIONAL RESOURCES AND ACTIVITIES COULD BE NEEDED TO PREVENT FURTHER TRANSMISSION OF DISEASE

Form 990, Part III, Line 4c:

SEE SCHEDULE O BUILDING STLT CAPACITY 1) FOSTERED SHARED LEARNING AND NETWORKING WITH 70 MENTEES AND 54 MENTORS AS PART OF THE CSTE EARLY CAREER PROFESSIONALS MENTORSHIP PROGRAM 2) IN PARTNERSHIP WITH CDC, HOSTED A FOUR-PART WEBINAR SERIES TO BUILD EVALUATION CAPACITY AMONG EPIDEMIOLOGISTS 3) CONTINUED TO SUPPORT INITIAL ECR IMPLEMENTATION SITES UTILIZING RCKM THROUGH THE DIGITAL BRIDGE INITIATIVE 4) CONDUCTED THE 2017 STATE REPORTABLE CONDITIONS ASSESSMENT (SRCA) TO CAPTURE REPORTABLE CONDITIONS AND REQUIREMENTS BY STATE 5) FUNDED NINE JURISDICTIONS TO IMPLEMENT NOVEL SURVEILLANCE PROJECTS TO ADDRESS EMERGING ISSUES IN SUBSTANCE USE AND MENTAL HEALTH 6) FUNDED FIVE JURISDICTIONS TO PILOT THE EXPANSION OF EXISTING INFLUENZA SURVEILLANCE SYSTEMS AND INFORMATICS TO FACILITATE THE EXCHANGE OF DATA NECESSARY TO DETERMINE THE WEEKLY PROPORTION OF ILI DUE TO INFLUENZA AND ESTIMATE THE OUTPATIENT DISEASE BURDEN OF INFLUENZA 7) CONTINUED FUNDING FOR THREE HEALTH DEPARTMENTS TO PARTICIPATE IN LABORATORY-CONFIRMED, POPULATION-BASED, ALL AGES, INFLUENZA HOSPITALIZATION SURVEILLANCE FOR THE 2017-18 INFLUENZA SEASON 8) PROVIDED SUPPORT TO SEVEN JURISDICTIONS TO FURTHER INTERSTATE PARTNERSHIPS THROUGH WORK AROUND ZOO NOTIC DISEASE BETWEEN HUMAN, ANIMAL HEALTH, AND YOUTH IN AGRICULTURE ORGANIZATIONS AT THE STATE AND LOCAL LEVEL 9) DEVELOPED A PEER-TO-PEER TECHNICAL ASSISTANCE MENTORSHIP PROGRAM FOR HAI COORDINATORS TO PROMOTE COLLABORATION, KNOWLEDGE SHARING, AND PROVIDE PEER SUPPORT TO NEWER HAI COORDINATORS 10) CONDUCTED ASSESSMENT OF INFECTION PREVENTION AND CONTROL RESOURCES AND CAPACITY TO ASSESS STATE HAI PROGRAMS' INFECTION PREVENTION AND CONTROL RESOURCES, CAPACITY, AND ACTIVITIES FOLLOWING 2014 EBOLA FUNDING 11) THE MCH SUBCOMMITTEE FORMED A NEONATAL ABSTINENCE SYNDROME (NAS) WORKGROUP AND DEVELOPED AN ASSESSMENT OF STATE SURVEILLANCE PRACTICES AND DATA SOURCES FOR NAS 12) FORMED THE DATA STANDARDIZATION WORKGROUP TO ADDRESS JURISDICTIONAL REPORTING VARIATION BY DEVELOPING CONSENSUS IN THE INTERPRETATION OF DATA ELEMENTS USED IN STATE REPORTING TO CDC, INFORMATION EXCHANGE BETWEEN STATES, AND ANALYSIS 13) FORMED THE DATA RELEASE WORKGROUP DEVELOP GUIDANCE AND SUGGESTED LANGUAGE FOR PUBLIC HEALTH AGENCIES TO DEVELOP RELEASE AND SUPPRESSION POLICIES FOR AGGREGATE DATA 14) SIX STATES (ALASKA, MAINE, NEW YORK, NEW MEXICO, WEST VIRGINIA, PENNSYLVANIA) IMPLEMENTED THE 12-QUESTION MARIJUANA AND PRESCRIPTION DRUG SUPPLEMENT IN THE PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) 15) THE MARIJUANA SUBCOMMITTEE COMPLETED AN ENVIRONMENTAL SCAN OF STATE MARIJUANA SURVEILLANCE WITH RESPONSES FROM 35 STATES CONVENINGS & MEETINGS 1) HOSTED FOUR VECTOR-BORNE DISEASES (VBD) REGIONAL MEETINGS TO INCREASE STATE, TRIBAL, LOCAL, AND TERRITORIAL VBD EPIDEMIOLOGY AND SURVEILLANCE CAPACITY 2) HOSTED THE 9TH ANNUAL CSTE DISASTER EPIDEMIOLOGY (DE) WORKSHOP IN ATLANTA, GA TO IMPROVE ALL-HAZARD DISASTER PREPAREDNESS AND RESPONSE EPIDEMIOLOGY CAPACITY AT ALL LEVELS OF PUBLIC HEALTH PRACTICE 3) HOSTED THE ICD-10-CM TRANSITION WORKGROUP AND THE ICD-10-CM DRUG POISONING INDICATORS WORKGROUP MEETINGS IN ATLANTA, GA IN FALL 2017 4) HELD THE FIRST CSTE SUBSTANCE USE AND MENTAL HEALTH STRATEGIC PLANNING MEETING IN ATLANTA, GA WITH LEADERSHIP FROM SEVEN OF CSTE'S SUBCOMMITTEES 5) HOSTED A TECHNICAL REVIEW OF THE U S INFLUENZA SURVEILLANCE SYSTEM WHICH CONVENED REPRESENTATIVES FROM CDC, STLT HEALTH DEPARTMENTS/LABORATORIES, AND SEVERAL ACADEMIC, FEDERAL AND INTERNATIONAL PARTNERS TO EVALUATE THE U S INFLUENZA SURVEILLANCE SYSTEM AND IDENTIFY IMPROVEMENTS FOR A MORE EFFICIENT, ROBUST, AND USEFUL SYSTEM 6) HOSTED A TRAVEL HISTORY DATA HARMONIZATION WORKSHOP IN OCTOBER 2017 TO SHARE HOW JURISDICTIONS COLLECT TRAVEL HISTORY INFORMATION AND VET CDC'S TRAVEL HISTORY HARMONIZATION EFFORTS THROUGH CDC'S SURVEILLANCE DATA PLATFORM (SDP) 7) CONTINUED SERVING AS CO-CHAIR FOR THE COUNCIL TO IMPROVE FOODBORNE OUTBREAK RESPONSE (CIFOR) WITH TWO IN-PERSON COUNCIL MEETINGS IN DENVER IN FALL 2017 AND NEW ORLEANS IN SPRING 2018, AND THE COUNCIL FOR OUTBREAK RESPONSE HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIMICROBIAL RESISTANT PATHOGENS (CORHA) WITH A MEETING IN FALL 2017 IN ATLANTA, GA 8) CONVENED TWO IN-PERSON MEETINGS OF THE CSTE/CDC/APHL ANTIMICROBIAL RESISTANCE SURVEILLANCE TASK FORCE (ARSTF), FOCUSED ON DEVELOPING RECOMMENDATIONS TO IMPROVE AR SURVEILLANCE CAPACITY IN THE UNITED STATES 9) CO-HOSTED THE FORUM ON CULTURE-INDEPENDENT DIAGNOSTICS WITH CDC, APHL, THE PEW CHARITABLE TRUSTS, AND OHIO STATE UNIVERSITY THE FORUM, HELD PREVIOUSLY IN 2012, ADDRESSED CIDT IMPACTS ON PUBLIC HEALTH PRACTICE, ISOLATE-BASED SURVEILLANCE, AND TECHNOLOGICAL SOLUTIONS 10) CO-HOSTED THE 2017 INTEGRATED FOODBORNE OUTBREAK RESPONSE AND MANAGEMENT CONFERENCE (INFORM) THIS BIENNIAL CONFERENCE HIGHLIGHTED THE WAYS NEXT GENERATION SEQUENCING TECHNOLOGY IS ADVANCING THE ACCURACY AND SENSITIVITY OF PUBLIC HEALTH FOODBORNE INVESTIGATIONS POLICY - CO-SIGNED SEVERAL LETTERS TO CONGRESS IN 2017-18, INCLUDING A LETTER WITH APHL IN SUPPORT OF CDC BUDGET PRIORITIES OTHER ADVOCACY LETTERS CSTE CO-SIGNED INCLUDE 1) IN SUPPORT OF PAPA REAUTHORIZATION 2) IN OPPOSITION TO A CONGRESSIONAL REVIEW ACT RESOLUTION OF DISAPPROVAL TO REPEAL AN OSHA REGULATION ABOUT MAINTAIN RECORDS OF WORK-RELATED INJURIES AND ILLNESSES 3) IN SUPPORT OF MATERNAL & CHILD HEALTH FUNDING 4) IN SUPPORT OF NIOSH FUNDING 5) IN SUPPORT OF TB FUNDING 6) JOINING MEDICAL AND PUBLIC HEALTH ORGANIZATIONS TO URGE ACTION ON COMMON-SENSE COMPREHENSIVE GUN VIOLENCE PREVENTION LEGISLATION 7) SUSPEND THE IMPENDING CUTS TO THE CLINICAL LABORATORY FEE SCHEDULE (CLFS) 8) IN SUPPORT OF THE AMR CHALLENGE POLICY - SUBMITTED COMMENTS ON THE CMS PROPOSED RULE FOR THE INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) AND PROMOTING INTEROPERABILITY PROGRAM

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2017

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
---	--

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

	(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	97,946
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	17,555
b Carryover from last year	2b	
c Total	2c	17,555
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	63,665
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	-46,110

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.

OMB No 1545-0047
2017
Open to Public Inspection

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		43,963	1,099	42,864
d Equipment		782,077	213,574	568,503
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				611,367

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT	40,135
TENANT IMPROVEMENT ALLOWANCE	105,555
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	145,690

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	21,882,598
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	93,201	
e	Add lines 2a through 2d		2e	93,201
3	Subtract line 2e from line 1		3	21,789,397
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	21,789,397

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	21,336,377
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	93,201	
e	Add lines 2a through 2d		2e	93,201
3	Subtract line 2e from line 1		3	21,243,176
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	21,243,176

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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, 2018 OR 2017 DUE TO UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RECLASSIFY LOSS ON DISPOSAL OF FIXED ASSETS 93,201

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RECLASSIFY LOSS ON DISPOSAL OF FIXED ASSETS 93,201

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

OMB No 1545-0047
2017
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			48,066
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			48,066

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, do not file with Form 990)* 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, do not file with Form 990)* 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
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	FLU SURVEILLANCE	9,046
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	FLU SURVEILLANCE	19,370

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
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	FLU SURVEILLANCE	3,893
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EBOLA	15,757

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
2017
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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 77

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CSTE/CDC APPLIED EPIDEMIOLOGY FELLOWSHIP		1,547,906			
(2) OTHER		207,167			
(3) CONTRACT PROGRAM SERVICES		180,582			
(4) APH INFORMATICS FELLOWSHIP		19,295			
(5) HEALTH SYSTEMS INTEGRATION PROGRAM FELLOWSHIP		7,212			
(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 GRANTEEES 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
URBAN INDIAN HEALTH INSTITUTE 611 12TH AVENUE SOUTH SEATTLE, WA 98144			550,000				TRIBAL EVALUATION
MICHIGAN DEPT OF HEALTH AND HUMAN SERV PO BOX 30437 LANSING, MI 48909			415,455				INFLUENZA HOSPITAL SP YR 8

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
GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD 2611 ELDERBERRY BLVD RAPID CITY, SD 57703			227,729				TRIBAL EVALUATION
UTAH DEPT OF HEALTH PO BOX 144003 SALT LAKE CITY, UT 84114			212,000				INFLUENZA HOSPITAL SP YR 8

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
GREAT LAKES INTER-TRIBAL EPIDEM 2932 HIGHWAY 47 N PO BOX 9 LAC DU FLAMBEAU, WI 54538			191,400				TRIBAL EVALUATION
OHIO DEPARTMENT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215			180,000				INFLUENZA HOSPITAL SP YR 8

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
NORTHWEST PORTLAND AREA INDIAN 2121 SW BROADWAY 300 PORTLAND, OR 97201			176,677				TRIBAL EVALUATION
OHIO DEPARTMENT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215			143,350				INFORMATICS FIELD ASSIGNEE PILO

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
ROCKY MOUNTAIN TRIBAL EPI 711 CENTRAL AVENUE SUITE 220 BILLINGS, MT 59102			127,600				BEHAVIORAL HEALTH SURV
INTER-TRIBAL COUNCIL OF ARIZONA 2214 NORTH CENTRAL AVE STE100 PHOENIX, AZ 85004			127,600				TRIBAL EVALUATION

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
ALBUQUERQUE AREA INDIAN HEALTH 7001 PROSPECT AVE NE ALBUQUERQUE, NM 87110			124,717				TRIBAL EVALUATION
JSI RESEARCH & TRAINING INSTITUTE 44 FARNSWORTH STREET BOSTON, MA 022101214			117,293				AR CONTAINMENT

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
UNITED SOUTH & EASTERN TRIBES 711 STEWARTS FERRY PIKE SUITE 100 NASHVILLE, TN 37214			116,967				TRIBAL EVALUATION
CALIFORNIA RURAL INDIAN HEALTH 4400 AUBURN BLVD 2ND FLOOR SACRAMENTO, CA 95841			116,967				TRIBAL EVALUATION

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 PUBLIC HEALTH 275 E MAIN ST FRANKFORT, KY 40621			109,778				INFORMATICS FIELD ASSIGNEE PILO
SOUTHERN PLAINS TRIBAL HEALTH B 9705 N BROADWAY ETENSION SUITE 200 OKLAHOMA CITY, OK 73114			102,080				TRIBAL EVALUATION

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
NAVAJO EPIDEMIOLOGY CENTER PO BOX 3150 WINDOW ROCK, AZ 86515			100,000				TRIBAL EVALUATION
ALASKA NATIVE TRIBAL HEALTH 4000 AMBASSADOR DR ANCHORAGE, AK 99508			100,000				TRIBAL EVALUATION

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			81,046				FLU
CANCER PATIENTS ALLIANCE 312 FOUNTAIN AVE PACIFIC GROVE, CA 93950			80,000				MOBILE APP

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
INDIANA STATE DEPT OF HEALTH 2 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46204			70,820				AR CONTAINMENT
INDIANA STATE DEPT OF HEALTH 2 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46204			69,941				FLU

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			65,360				ONE HEALTH FLU ED YOUTH YR3
SEATTLE-KING COUNTY DEPT OF PUBLIC HEALTH 401 5TH AVE STE 1300 SEATTLE, WA 98104			65,324				SCALE PH3 EPI ANALYSES

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
UNIVERSITY OF CENTRAL FLORIDA PO BOX 160118 ORLANDO, FL 328160118			62,000				BEHAVIORAL HEALTH SURV-1
MICHIGAN DEPT OF HEALTH AND HUMAN SERV PO BOX 30437 LANSING, MI 48909			61,071				ONE HEALTH FLU ED YOUTH YR3

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 DEPARTMENT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215			59,538				OPTIONAL INFLUENZA SURV ENH
HEALTH RESEARCH INC RIVERVIEW CENTER 150 BROADWAY STE 560 MENANDS, NY 12204			54,584				AR CONTAINMENT PROJECT

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 DEPARTMENT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215			53,036				ONE HEALTH FLU ED YOUTH YR3
PHILADELPHIA DEPT OF PUBLIC HEALTH 1101 MARKET STREET SUITE 1320 PHILADELPHIA, PA 191072934			50,000				OPIOD OVERDOSE (SOON)

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
MULTNOMAH COUNTY OREGON 421 SW OAK ST SUITE 210 PORTLAND, OR 97204			50,000				SES DISPARITIES PILOT PROJECT
MINNESOTA DEPT OF HEALTH PO BOX 64975 ST PAUL, MN 55164			50,000				DRUG OVERDOSE AND 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
BALTIMORE CITY OF HEALTH DEPARTMENT 200 N HOLIDAY STREET BALTIMORE, MD 21202			41,667				OPIOD OVERDOSE (SOON)
SAN MATEO COUNTY PUBLIC HEALTH 225 37TH AVENUE SAN MATEA, CA 94403			41,539				COMMUNITY-BASED SOCIAL MEDIA PI

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
RESEARCH ANALYSIS GROUP LLC PO BOX 941521 ATLANTA, GA 31141			41,299				OPIOD USE
KENTUCKY DEPT PUBLIC HEALTH 275 E MAIN ST FRANKFORT, KY 40621			37,493				ONE HEALTH FLU ED YOUTH YR3

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			35,000				ILINET EXPANSION PROJECT
MAINE DEPT OF HEALTH 220 CAPITAL ST AUGUSTA, ME 04333			35,000				ILINET EXPANSION PROJECT

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
WISCONSIN DEPT OF HEALTH SERV PO BOX 1668 MADISON, WI 53701			34,999				ILINET EXPANSION PROJECT
PENNSYLVANIA DEPT OF HEALTH 625 FORSTER STREET HARRISBURY, PA 17120			34,994				ILINET EXPANSION PROJECT

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

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FLORIDA STATE DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY TALLAHASSEE, FL 323991729			34,099				EXPANSION PROJECT
NORTH DAKOTA DEPT OF HEALTH 600 E BOULEVARD AVE BISMARCK, ND 58505			31,572				ONE HEALTH FLU ED YOUTH YR3

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
INFORMATICS FIELD ASSIGN-YR 2 225 NORTH MCDOWELL ST RALEIGH, NC 27603			30,311				INFORMATICS FIELD ASSIGN-YR 2
MAINE DEPT OF HEALTH 220 CAPITAL ST AUGUSTA, ME 04333			30,000				ONE HEALTH FLU ED YOUTH YR3

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			28,500				FLU NEAR YOU
ROSS STRATEGIC 1218 3RD AVENUE SUITE 1207 SEATTLE, WA 98101			28,000				TRIBAL SUICIDE INDICATORS

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
CMT CONSULTING 106 GENEVA STREET DECATUR, GA 30030			23,250				TRIBAL SITE VISIT
ALASKA DEPT OF HEALTH 3601 C STREET SUITE 358 ANCHORAGE, AK 99503			21,881				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
SOUTHERN NEVADA PO BOX 3902 LAS VEGAS, NV 89127			20,000				RCKMS
NEW MEXICO DEPT OF HEALTH PO BOX 25307 ALBUQUERQUE, NM 87125			20,000				INDICATOR PILOT PROJECT

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
CHILDREN'S HOSPITAL CORPORATION PO BOX 414413 BOSTON, MA 022414413			20,000				FLU
BOULDER COUNTY PUBLIC HEALTH 3450 BROADWAY BOULDER, CO 80304			20,000				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
MINNESOTA DEPT OF HEALTH PO BOX 64975 ST PAUL, MN 55164			19,994				INDICATOR PILOT PROJECT
MONTANA DEPT OF PUBLIC HEALTH 1400 BROADWAY RM B102 HELENA, MT 59620			19,968				PILOT SUMH INDICATORS

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

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TOTAL INFORMATICS FIELD ASSIGNEE PILO 225 NORTH MCDOWELL ST RALEIGH, NC 27603			19,835				INFORMATICS FIELD ASSIGNEE PILO
GEORGIA DEPARTMENT OF PUBLIC HEALTH 2 PEACHTREE ST NW STE 25-455 ATLANTA, GA 30303			19,000				PILOT SUMH

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
OREGON HEALTH DIVISION PO BOX 4325 PORTLAND, OR 972089992			18,897				INDICATOR PILOT PROJECT
SAN MATEO COUNTY PUBLIC HEALTH 225 37TH AVENUE SAN MATEA, CA 94403			18,766				INDICATOR PILOT PROJECT

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
MISSISSIPPI DEPT OF HEALTH 570 E WOODROW WILSON JACKSON, MS 392151700			18,686				SES DISPARITIES PILOT PROJECT
HEALTH RESEARCH INC 150 BROADWAY STE 560 MENANDS, NY 12204			14,354				12 QUESTION 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
SONOMA COUNTY DEPT OF HEALTH S 490 MENDOCINO AVE SUITE 101 SANTA ROSA, CA 95401			13,954				PILOT SUMH INDICATORS
ST LOUIS COUNTY DEPT OF PUBLIC HEALTH 6121 NORTH HANLEY RD BERKELEY, MO 63134			13,682				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
NEW MEXICO DEPT OF HEALTH PO BOX 25307 ALBUQUERQUE, NM 87125			13,285				12 QUESTION PHASE II MARIJUANA
NORTH DAKOTA DEPT OF HEALTH 600 E BOULEVARD AVE BISMARCK, ND 58505			12,500				INFLUENZA INCIDENCE SURV YR 8

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
MISSISSIPPI DEPT OF HEALTH 570 E WOODROW WILSON JACKSON, MS 392151700			11,300				PILOT SUMH INDICATORS
WEST VIRGINIA DEPT OF HEALTH & HUMAN SERV 350 CAPITOL STREET CHARLESTON, WV 25301			10,082				12 QUESTION PHASE II 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
LOUISIANA DEPT OF HEALTH 1450 POYDRAS STREET NEW ORLEANS, LA 70112			8,809				INFORMATICS FIELD ASSIGNEE PILO
PENNSYLVANIA DEPT OF HEALTH 625 FORSTER STREET HARRISBURY, PA 17120			8,254				12 QUESTION PHASE II 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
MAINE DEPT OF HEALTH 220 CAPITAL ST AUGUSTA, ME 04333			7,091				12 QUESTION PHASE II MARIJUANA
WASHIGTON STATE DEPARTMENT OF HEALTH PO BOX 47901 OLYMPIA, WA 98504			7,000				APPLIED INFORMATICS TEAM AIT

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
STATE OF CONNECTICUT DEPT OF PUBLIC HEALTH PO BOX 340308 410 CAPITAL AVENUE HARTFORD, CT 061340308			7,000				APPLIED INFORMATICS
NORTH DAKOTA DEPT OF HEALTH 600 E BOULEVARD AVE BISMARCK, ND 58505			7,000				APPLIED INFORMATICS TEAM AIT

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
HELUNA HEALTH 13300 CROSSROADS PKWY N STE 450 CITY OF INDUSTRY, CA 91746			7,000				APPLIED INFORMATICS
COLORADO DEPT OF PUBLIC HLTH & ENVIRONMENT 4300 CHERRY CREEK DRIVE SOUTH DENVER, CO 802461530			7,000				APPLIED INFORMATICS

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
TENNESSEE DEPT OF HEALTH 710 JAMES ROBERTSON PARKWAY 6TH FL NASHVILLE, TN 37243			5,966				APPLIED INFORMATICS TEAM AIT
OREGON HEALTH DIVISION PO BOX 4325 PORTLAND, OR 972089992			5,425				APPLIED INFORMATICS TEAM AIT

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
ARKANSAS DEPT OF HEALTH 4815 WEST MARKHAM LITTLE ROCK, AR 72205			5,100				SUMH INDICATORS

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

2017

Open to Public Inspection

Name of the organization
COUNCIL OF STATE AND TERRITORIAL
EPIDEMIOLOGISTS INC

Employer identification number
23-7410799

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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" 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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a No	4b No								
	4c No									
<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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	6b								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COUNCIL OF STATE AND TERRITORIAL
EPIDEMIOLOGISTS INC

Employer identification number

23-7410799

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	POSITION STATEMENTS - THE FOLLOWING POSITION STATEMENTS WERE APPROVED BY THE COUNCIL AT THE 2018 CSTE ANNUAL CONFERENCE 18-EH-01 - "STANDARDIZED SURVEILLANCE FOR CARBON MONOXIDE POISONING" 18-ID-01 "STANDARDIZED CASE DEFINITION FOR SURVEILLANCE OF RSV-ASSOCIATED MORTALITY" 18-ID-02 "CASE DEFINITION FOR NON-PESTIS YERSINIOSIS" 18-ID-03 "REVISION TO THE CASE DEFINITION FOR NATIONAL DIPHTHERIA SURVEILLANCE" 18-ID-04 "UPDATE TO YELLOW FEVER CASE DEFINITION" 18-ID-05 "STANDARDIZED CASE DEFINITION FOR CANDIDA AURIS CLINICAL AND COLONIZATION/SCREENING CASES AND NATIONAL NOTIFICATION OF C AURIS CASE, CLINICAL - UPDATED DECEMBER 2018" 18-ID-06 "REVISIONS TO THE SURVEILLANCE CASE DEFINITION, CASE CLASSIFICATION, PUBLIC HEALTH REPORTING, AND NATIONAL NOTIFICATION FOR LISTERIOSIS" 18-ID-07 "PUBLIC HEALTH REPORTING AND NATIONAL NOTIFICATION FOR HEPATITIS A" 18-ID-08 "PUBLIC HEALTH REPORTING AND NATIONAL NOTIFICATION FOR SALMONELLA ENTERICA SEROTYPE TYPHI (S TYPHI), AND SALMONELLA ENTERICA SEROTYPES PARATYPHI A, B (TARTRATE NEGATIVE), AND C (S PARATYPHI) INFECTIONS" (NNC)

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 FAX OR EMAIL