

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

- 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
F Name and address of principal officer
JANET HAMILTON
2635 CENTURY PARKWAY NE NO 700
ATLANTA, GA 30345

D Employer identification number
23-7410799
E Telephone number
(770) 458-3811
G Gross receipts \$ 18,597,191
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
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 TRAININGVISION STATEMENTTHE 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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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: JANET HAMILTON EXECUTIVE DIRECTOR
Date: 2020-08-13

Paid Preparer Use Only
Print/Type preparer's name: MAULDIN & JENKINS LLC
Preparer's signature
Date: 2020-08-13
Check if self-employed
Firm's name: MAULDIN & JENKINS LLC
Firm's EIN: 58-0692043
Firm's address: 200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 303395946
Phone no: (770) 955-8600

Part III Statement of Program Service 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, AND 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	23	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	
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>	25b	
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>	26	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>	27	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>	28a	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>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
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>	35b	No
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>	36	
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>	37	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	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	89
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	66		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No	

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



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: a The governing body? (Yes); b 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? a The organization's CEO, Executive Director, or top management official (Yes); b 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 2 columns: Question, Answer. 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-A 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, Upon request); 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 (JANET HAMILTON 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) SARAH PARK MD PRESIDENT	6 00	X		X				0	0	0
(2) ZACK MOORE MD MPH VICE PRESIDENT	2 00	X		X				0	0	0
(3) SHARON WATKINS PHD PRESIDENT - ELECT	2 00	X		X				0	0	0
(4) MARCELLE LAYTON MD SECRETARY/TREASURER	4 00	X		X				0	0	0
(5) ROBERT GRAFF PHD DIRECTOR, CHRONIC DISEASE/MATERNAL & CHILD HEALTH	1 00 3 00	X						0	0	0
(6) BARBARA GABELLA MSPH DIRECTOR, CROSS CUTTING I	3 00	X						0	0	0
(7) KEN KOMATSU MPH DIRECTOR, CROSS CUTTING II	3 00	X						0	0	0
(8) MELISSA JORDAN MS MPH DIRECTOR, ENVIRONMENTAL/OCCUPATIONAL	7 00	X						0	0	0
(9) RICHARD DANILA PHD MPH DIRECTOR, INFECTIOUS DISEASE	5 00	X						0	0	0
(10) KATE GOODIN MPH DIRECTOR, SURVEILLANCE/INFORMATICS	3 00	X						0	0	0
(11) JEFFREY P ENGEL MD EXECUTIVE DIRECTOR	40 00 1 00			X				239,057	0	35,354
(12) JOHN LISCO SENIOR DIRECTOR OF FINANCE	40 00 1 00			X				156,938	0	20,935
(13) BEVERLY CHRISTNER DIRECTOR OF OPERATIONS	40 00					X		142,133	0	28,923
(14) LAKESHA ROBINSON SENIOR DEPUTY DIRECTOR	26 80					X		123,552	0	45,610
(15) JENNIFER LEMMINGS SENIOR DIRECTOR OF PROGRAMS	36 00					X		111,036	0	42,557
(16) STEPHEN CLAY IT OPERATIONS MANAGER, APPLICATIONS & SECURITY	40 00					X		104,851	0	42,386
(17) KEVIN GIBBS IT OPERATIONS MANAGER, DATABASE & NETWORK	40 00					X		107,421	0	40,045

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			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	984,988	0	255,810

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 ▶ 7

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
HLN 72810 HEDGEHOG ST PALM DESERT, CA 92260	CONSULTING	903,284
NORTHROP GRUMMAN PO BOX 88830 CHICAGO, IL 60695	MARKETING	597,222
EXECUSOURCE 3575 PIEDMONT RD NE 350 ATLANTA, GA 30305	CONTRACT CONSULTING	316,740
ATPA UOP INVESTMENTS NR LLC PO BOX 654187 DALLAS, TX 752654187	PROPERTY RENTAL	189,859
ROBERT HALF MANAGEMENT RESOURCES 3343 PEACHTREE RD NE SUITE 600 ATLANTA, GA 30326	CONTRACT CONSULTING	113,123

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	17,224,039		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	146,156		
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		17,370,195			

Program Service Revenue			Business Code			
	2a ANNUAL MEETINGS		611430	943,395	941,166	
b MEMBER FEES		611430	252,920	252,920		
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			1,196,315			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,931			13,931
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a JOB POSTINGS	541800	15,898			15,898		
b MISCELLANEOUS	900099	502			502		
c MAILING LIST	511140	350			350		
d All other revenue							
e Total. Add lines 11a-11d		16,750					
12 Total revenue. See Instructions		18,597,191	1,194,086	0	32,910		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,284,275			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,541,616			
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.	474,444			
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.	4,062,171			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	242,223			
9 Other employee benefits.	755,190			
10 Payroll taxes.	326,654			
11 Fees for services (non-employees):				
a Management.				
b Legal.	10,869			
c Accounting.	10,250			
d Lobbying.	29,221			
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).	3,564,964			
12 Advertising and promotion.				
13 Office expenses.	263,502			
14 Information technology.	359,602			
15 Royalties.				
16 Occupancy.	676,773			
17 Travel.	1,867,529			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	453,097			
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	195,408			
23 Insurance.	22,233			
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 TELEPHONE	157,773			
b DUES AND SUBSCRIPTIONS	58,136			
c BANK SERVICE CHARGES	33,162			
d EQUIPMENT RENTAL	17,429			
e All other expenses	2,274			
25 Total functional expenses. Add lines 1 through 24e.	18,408,795			
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	815	1	0
	2 Savings and temporary cash investments	3,364,658	2	3,269,353
	3 Pledges and grants receivable, net	1,534,448	3	1,617,445
	4 Accounts receivable, net	187,156	4	76,253
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	169,916	9	77,229
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 832,171		
	b Less accumulated depreciation	10b 410,081	611,367	10c 422,090
	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	65,903	15	49,718
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,934,263	16	5,512,088	
Liabilities	17 Accounts payable and accrued expenses	2,987,672	17	2,030,531
	18 Grants payable		18	
	19 Deferred revenue	86,968	19	98,513
	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	145,690	25	480,715
	26 Total liabilities. Add lines 17 through 25	3,220,330	26	2,609,759
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,713,933	27	2,902,329
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	2,713,933	33	2,902,329	
34 Total liabilities and net assets/fund balances	5,934,263	34	5,512,088	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,597,191
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,408,795
3	Revenue less expenses Subtract line 2 from line 1	3	188,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,713,933
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	2,902,329

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c		No
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-7410799

Name: COUNCIL OF STATE AND TERRITORIAL
EPIDEMIOLOGISTS INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE OCDC/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, 84% OF FELLOWSHIP GRADUATES WORKED IN STATE, LOCAL, OR FEDERAL PUBLIC HEALTH AGENCIES FOR A LEAST A YEAR FOLLOWING THE FELLOWSHIP. AS OF SUMMER 2019, CSTE INCLUDED 31 FELLOWS IN THE PROGRAM. SOME HIGHLIGHTS INCLUDE AEF HIGHLIGHTS 1) BROOKE TALBOT, MS, A CLASS XVI FOODBORNE INFECTIOUS DISEASE FELLOW AT THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE, WAS ACTIVATED TO SUPPORT NEW YORK CITY'S BUREAU OF IMMUNIZATIONS DURING THE MEASLES OUTBREAK THAT BEGAN IN OCTOBER 2018. SHE ASSISTED IN DEVELOPING AND TRAINED NEW STAFF ON A SYSTEMATIC WORKFLOW FOR HOUSEHOLD CONTACT TRACING DURING THE EMERGENCY RESPONSE, COMMUNICATED AND COORDINATED WITH CASE INVESTIGATORS ABOUT CASE CONTACTS' IMMUNE STATUS AND ELIGIBILITY FOR POST-EXPOSURE PROPHYLAXIS, AND COORDINATED WITH PRIMARY CARE PROVIDERS OF CASES. SHE ALSO IDENTIFIED AND NOTIFIED BUILDINGS WITH MULTIPLE CASES AND IDENTIFIED POTENTIAL GEOGRAPHIC CHAINS OF TRANSMISSION USING GOOGLE EARTH 2) ELIZABETH HEITZ, MPH, A CLASS XVI ENVIRONMENTAL HEALTH FELLOW AT THE MARYLAND DEPARTMENT OF HEALTH, PERFORMED AN EVALUATION OF MARYLAND'S CHILDHOOD LEAD REGISTRY TO EXAMINE WHETHER THE SYSTEM WAS EFFECTIVELY CAPTURING ALL CHILDREN WITH BLOOD LEAD CONCENTRATIONS ABOVE THE REFERENCE LEVEL, PRODUCING ACCURATE ESTIMATES OF LEAD EXPOSURE OVER TIME AND IN SENSITIVE SUB-POPULATIONS, AND PROVIDING DATA OF SUFFICIENT QUALITY AND TIMELINESS FOR INTERVENTION. SHE CONDUCTED KEY INFORMANT INTERVIEWS WITH STAKEHOLDERS TO UNDERSTAND OPERATIONS AND EVALUATE QUALITATIVE ATTRIBUTES OF THE SYSTEM, PERFORMED AN ANALYSIS OF THE REGISTRY DATA TO ASSESS QUANTITATIVE SYSTEM ATTRIBUTES, AND PRESENTED HER PRELIMINARY RESULTS AT THE 2019 CSTE ANNUAL CONFERENCE.

Form 990, Part III, Line 4b:

SEE SCHEDULE O TRAININGS AND RESOURCES 1) REVISED CSTE CLIMATE & HEALTH INDICATORS TO ADDRESS EMERGING CLIMATE AND HEALTH CONCERNS 2) RELEASED A GUIDANCE DOCUMENT FOR IMPLEMENTING COLD-RELATED ILLNESS SYNDROMIC SURVEILLANCE INTO PUBLIC HEALTH PRACTICE 3) PROVIDED SAS E-LEARNING COURSES TO 15 HIV SURVEILLANCE STAFF ACROSS VARIOUS JURISDICTIONS TO BUILD EPIDEMIOLOGIC CAPACITY 4) DEVELOPED THE STD CAPACITY FRAMEWORK GUIDANCE TO PROVIDE STATE AND LOCAL STD SURVEILLANCE PROGRAMS DOCUMENTATION OF THE FOUNDATIONAL AND ENHANCED ACTIVITIES CRITICAL FOR STD SURVEILLANCE AND IDENTIFY RESOURCES AND TECHNICAL ASSISTANCE MATERIALS 5) IN COLLABORATION WITH THE CDC OFFICE OF ADVANCED MOLECULAR DETECTION, SUPPORTED THE LAUNCH OF THE ADVANCED MOLECULAR DETECTION ACADEMY FOR EPIDEMIOLOGISTS OVER 100 STATE AND LOCAL EPIDEMIOLOGISTS ATTENDED TWO 2-DAY TRAININGS TO LEARN THE BASICS OF MICROBIAL GENOMICS, NEXT-GENERATION SEQUENCING AND BIOINFORMATICIANS FOR CASE INVESTIGATIONS 6) DEVELOPED THE DRUG DIVERSION PLANNING AND RESPONSE TOOLKIT FOR STATE AND LOCAL HEALTH DEPARTMENTS TO PROVIDE GUIDANCE FOR STATE AND LOCAL HAI PROGRAMS DURING RESPONSE TO DRUG DIVERSION EVENTS 7) CONDUCTED THE 2018 STATE REPORTABLE CONDITIONS ASSESSMENT (SRCA) TO COLLECT INFORMATION ON WHAT CONDITIONS ARE REPORTABLE IN STATES, TERRITORIES AND OTHER LARGE JURISDICTIONS, AND WHO IS REQUIRED TO REPORT THEM 8) RELEASED ANTIMICROBIAL RESISTANCE SURVEILLANCE TASKFORCE (ARSTF) YEAR 2 REPORT AND RECOMMENDATIONS FOR ANTIMICROBIAL RESISTANCE SURVEILLANCE IN THE UNITED STATES 9) RELEASED CSTE ICD-10-CM INJURY SURVEILLANCE TOOLKIT, GUIDANCE AND METHODS FOR APPLIED INJURY EPIDEMIOLOGISTS 10) CONDUCTED FOUR REGIONAL DRUG OVERDOSE SURVEILLANCE WORKSHOPS FOCUSED ON TEAM TRAINING AND PEER LEARNING IN ATLANTA, OKLAHOMA CITY, BALTIMORE, AND PORTLAND 11) TRAINED 73 INDIVIDUALS ACROSS 16 HEALTH DEPARTMENTS ON PUBLIC HEALTH INFORMATICS THROUGH THE APPLIED INFORMATICS TEAM TRAINING (AITT) PROGRAM 12) RELEASED RECOMMENDED CSTE INDICATORS FOR SUICIDE AMONG AMERICAN INDIANS AND ALASKA NATIVES

Form 990, Part III, Line 4c: **Form 990, Part III, Line 4c:**

SEE SCHEDULE O BUILDING STLT CAPACITY 1) FOSTERED SHARED LEARNING AND NETWORKING WITH 44 MENTEEES AND 34 MENTORS AS PART OF CSTE'S EARLY CAREER PROFESSIONALS MENTORSHIP PROGRAM 2) FUNDED TWO PILOT PROJECTS TO ASSESS THE IMPACT OF CLIMATE ON RESPIRATORY HEALTH OUTCOMES IN SAN MATEO COUNTY, CA AND WASHINGTON STATE 3) CONTINUED FUNDING AN INFORMATICS FIELD ASSIGNEE (IFA) POSITION IN FOUR JURISDICTIONS TO INCREASE INFORMATICS WORKFORCE CAPACITY 4) PROVIDED SUPPORT TO SEVEN JURISDICTIONS TO FURTHER INTERSTATE PARTNERSHIPS IN ZONOTIC DISEASE SURVEILLANCE BETWEEN HUMAN HEALTH, ANIMAL HEALTH, AND YOUTH IN AGRICULTURE ORGANIZATIONS 5) CONTINUED FUNDING FOR THREE HEALTH DEPARTMENTS TO PARTICIPATE IN LABORATORY-CONFIRMED, POPULATION-BASED, ALL AGES, INFLUENZA HOSPITALIZATION SURVEILLANCE FOR THE 2018-19 INFLUENZA SEASON, AND FUNDED 17 STATE AND LOCAL JURISDICTIONS TO PARTICIPATE IN OPTIONAL ACTIVITIES TO ADDRESS SPECIFIC GAPS IN NATIONAL INFLUENZA SURVEILLANCE 6) HOSTED FOUR REGIONAL NSSP DATA SHARING WORKSHOPS TO STRENGTHEN PUBLIC HEALTH AGENCY CAPACITY FOR SYNDROMIC SURVEILLANCE AND ENHANCE SITUATIONAL AWARENESS USING REAL-TIME ELECTRONIC HEALTH DATA FROM EMERGENCY DEPARTMENT SETTINGS THROUGH INTERJURISDICTIONAL DATA SHARING AND SURVEILLANCE PRACTICE COLLABORATIONS 7) PUBLISHED THE 1ST CONTENT RELEASE OF REPORTING SPECIFICATIONS FOR SELECTED CONDITIONS IN THE REPORTABLE CONDITIONS KNOWLEDGE MANAGEMENT SYSTEM (RCKMS) AND CONTINUED TO DEVELOP THE AUTHORIZING INTERFACE AND DECISION SUPPORT SERVICE RCKMS TOOL 8) FUNDED EIGHT NEW JURISDICTIONS FOR NOVEL SURVEILLANCE PROJECTS ON SUBSTANCE USE AND MENTAL HEALTH ISSUES AND COMPLETED AN EVALUATION OF 20 PREVIOUSLY FUNDED PROJECTS 9) PROVIDED SUPPORT INCLUDING DIRECT TECHNICAL ASSISTANCE, WEBINARS AND GUIDANCE DOCUMENTS TO 40 JURISDICTIONS CONDUCTING JURISDICTIONAL VULNERABILITY ASSESSMENTS TO IDENTIFY COMMUNITIES AT RISK OF OPIOID OVERDOSE, HIV, AND/OR VIRAL HEPATITIS DUE TO UNSAFE INJECTION DRUG USE CONVENINGS & MEETINGS 1) HOSTED THE 10TH 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 2) HOSTED THE FOLLOWING OCCUPATIONAL HEALTH SUBJECT MATTER MEETINGS O 2018 OCCUPATIONAL HEALTH SUBCOMMITTEE WINTER MEETING WITH NIOSH IN MIAMI, FL, O 11TH ANNUAL WESTERN STATES OCCUPATIONAL NETWORK (WESTON) CONFERENCE IN DENVER, CO, AND O 8TH ANNUAL SOUTHEASTERN STATES OCCUPATIONAL NETWORK (SOUTHON) CONFERENCE IN TAMPA, FL 3) HOSTED SIX NEWLY APPOINTED STATE EPIDEMIOLOGISTS FOR AN IN-PERSON ORIENTATION TO CDC AND CSTE IN MAY 2019 4) HELD THE TRIBAL SURVEILLANCE PRIORITIES MEETING IN ALBUQUERQUE, NEW MEXICO TO BRING TOGETHER TRIBAL, STATE, FEDERAL PARTNERS TO IDENTIFY NATIONAL AMERICAN INDIAN AND ALASKA NATIVE (AI/AN) SURVEILLANCE PRIORITIES TO ADDRESS THE GAPS IN DATA AND SURVEILLANCE FOR AI/AN HEALTH STATUS WITH IDENTIFIED NEXT STEPS FOR ACTION 5) HOSTED AN INFECTIOUS DISEASE FORECASTING FOR PUBLIC HEALTH WORKSHOP TO PROVIDE AN IN-DEPTH REVIEW OF FORECASTING INITIATIVES AND METHODOLOGIES FOR INFLUENZA AND OTHER INFECTIOUS DISEASES, OBTAIN INPUT ON PRODUCTS AND TOOLS DEVELOPED THROUGH THE CDC/CSTE FORECASTING WORKGROUP, AND EXPLORE WAYS TO IMPROVE THE UTILITY AND INTEGRATION OF FORECASTING INTO PUBLIC HEALTH DECISION MAKING 6) HOSTED ONE IN-PERSON MEETING OF THE CSTE NEONATAL ABSTINENCE SYNDROME WORKGROUP TO REVIEW KEY FINDINGS FROM THE CSTE NAS SURVEILLANCE DEFINITION ENVIRONMENTAL SCAN (COMPLETED BY 50 STATES IN AUGUST 2018) AND DEVELOP A STANDARDIZED SURVEILLANCE CASE DEFINITION POSITION STATEMENT FOR THE 2019 ANNUAL CONFERENCE 7) HOSTED THE 2019 CLIMATE & RESPIRATORY HEALTH SUMMIT IN ATLANTA, GA TO SHARE BEST PRACTICES AND DEVELOP STRATEGIES TO IMPROVE SKILLS AND KNOWLEDGE OF STLT CLIMATE AND HEALTH EPIDEMIOLOGISTS 8) CONTINUED TO CO-CHAIR THE COUNCIL TO IMPROVE FOODBORNE OUTBREAK RESPONSE (CIFOR) 9) HOSTED TWO IN-PERSON COUNCIL MEETINGS IN MINNEAPOLIS, MN (FALL 2018) AND DALLAS, TX (SPRING 2019) TO DEVELOP THE THIRD EDITION CIFOR GUIDELINES FOR FOODBORNE OUTBREAK RESPONSE 10) CONTINUED TO CO-CHAIR THE COUNCIL FOR OUTBREAK RESPONSE HAI/AR (CORHA) 11) HOSTED ONE IN-PERSON COUNCIL MEETING IN ATLANTA, GA (FALL 2018) 12) HOSTED TWO ICD-10-CM WORKGROUP MEETINGS IN ATLANTA, GA TO PROVIDE UPDATES ON CURRENT PROGRESS AND DISCUSS NEXT STEPS THROUGH JULY 2019 OVER 30 ATTENDEES FROM 24 STLT JURISDICTIONS WERE REPRESENTED POLICY 1) LAUNCHED THE DATA ELEMENTAL TO HEALTH CAMPAIGN WITH APHL, NAPHSIS, AND HIMSS TO SECURE \$1 BILLION OVER THE NEXT DECADE TO TRANSFORM PUBLIC HEALTH SURVEILLANCE AND PUBLIC HEALTH DATA SYSTEMS 2) CO-SIGNED SEVERAL LETTERS TO CONGRESS, INCLUDING THOSE WITH THE CDC COALITION, ASTHO AFFILIATES, AND APHL IN SUPPORT OF CDC BUDGET PRIORITIES OTHER EXAMPLES INCLUDE LETTERS O IN OPPOSITION TO USING THE PREVENTION AND PUBLIC HEALTH FUND TO OFFSET PROJECTED SPENDING IN THE PUERTO RICO ECONOMIC EMPOWERMENT ACT O IN SUPPORT OF NATIONAL CENTER FOR ENVIRONMENTAL HEALTH (NCEH) FUNDING O IN SUPPORT OF PAHPA REAUTHORIZATION O IN SUPPORT OF FUNDING TO CDC TO ADDRESS THE INFECTIOUS DISEASES IMPACTS OF THE OPIOID EPIDEMIC O IN SUPPORT OF THE AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR) FUNDING O IN SUPPORT OF MATERNAL & CHILD HEALTH FUNDING O IN SUPPORT OF NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH(NIOSH) FUNDING O IN SUPPORT OF THE FINALIZATION OF CENTERS FOR MEDICARE AND MEDICAID(CMS) CONDITIONS OF PARTICIPATION (COP) REQUIREMENT FOR ANTI-BIOTIC STEWARDSHIP PROGRAMS IN HOSPITALS3) PROVIDED A FORUM FOR SYNDROMIC SURVEILLANCE POLICY DISCUSSIONS THROUGH RECURRING MEETINGS OF THE CSTE SURVEILLANCE POLICY SUBCOMMITTEE 4) SUBMITTED A RESPONSE TO HHS REQUEST FOR INFORMATION (RFI) DEVELOPING AN STD FEDERAL ACTION PLAN (84 FR 19086) 5) SUBMITTED COMMENTS TO HHS REQUEST FOR INFORMATION (RFI) TO SUPPORT DEVELOPMENT THE NATIONAL ACTION PLAN (NAP) FOR COMBATTING ANTIBIOTIC RESISTANT BACTERIA (CARB) 2020-2025 6) SUBMITTED COMMENTS TO FDA ON THE PROPOSED RULE FOR THE 83 FR 48631 FDA-2016-D-2268 FOR "INSANITARY CONDITIONS AT COMPOUNDING FACILITIES" 7) SUBMITTED COMMENTS TO USP ON PROPOSED REVISIONS FOR THE GENERAL CHAPTER <797> PHARMACEUTICAL COMPOUNDING -- STERILE PREPARATIONS

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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) 2015	(b) 2016	(c) 2017	(d) 2018	(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)).

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	103,632
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	29,221
b Carryover from last year	2b	
c Total	2c	29,221
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	67,361
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	-38,140

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 7/25/06, 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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 |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		50,094	11,021	39,073
d Equipment		782,077	399,060	383,017
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				422,090

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	384,224
TENANT IMPROVEMENT ALLOWANCE	95,581
INTERCOMPANY PAYABLE	910
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 480,715

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

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	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

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, 2019 OR 2018 DUE TO UNCERTAIN TAX POSITIONS

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
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
See Add'l Data					
3a Sub-total	0	0			42,349
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			42,349

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)

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 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, don't 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, don't 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).

990 Schedule F, Supplemental Information

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 - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	FLU SURVEILLANCE	20,040
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	FLU SURVEILLANCE	18,778

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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	FLU SURVEILLANCE	3,531

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

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 ▶ 63

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		1,492,905			
(2) ILLINOIS SUBSTANCE ABUSE FELLOW		48,711			
(2)					
(3)					
(4)					
(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
MICHIGAN DEPT OF HEALTH PO BOX 30437 LANSING, MI 48909	38-6000134		353,266				FLU
UTAH DEPT OF HEALTH PO BOX 144003 SALT LAKE CITY, UT 84114	87-6000545		344,516				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
OHIO DEPT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215	31-1334820		178,613				FLU
KENTUCKY DEPT PUBLIC HEALTH 275 E MAIN ST FRANKFORT, KY 40621	61-0600439		166,390				INFOMATICS FIELD ASSIGNEE Y5

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	85-6000565		125,000				SAMHSA
MINNESOTA DEPT OF HEALTH PO BOX 64975 ST PAUL, MN 55164	41-6007162		104,704				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
OHIO STATE UNIVERSITY RESEARCH FOUNDATION ACCTG DEPT 4TH FLOOR 1960 KENNY RD COLUMBUS, OH 432101063	31-6025986		97,627				FLU
BLACK HILLS SPECIAL SERVICES COOPERATIVE 2885 DICKSON DRIVE STURGIS, SD 57785	46-0361575		95,811				INFOMATICS FIELD ASSIGNEE Y4

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	42-6004523		95,000				FLU
MAINE CENTER FOR DISEASE CONTROL AND PREVENTION 286 WATER ST 6TH FLOOR AUGUSTA, ME 04333	01-6000001		90,000				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
NORTH CAROLINA DEPT OF HLTH & HUMAN SVCS 1902 MAIL SERVICE CENTER RALEIGH, NC 276991902	56-2033116		80,706				INFOMATICS FIELD ASSIGNEE
NEBRASKA DEPT OF HHS 301 CENNTENNIAL MALL LINCOLN, NE 685095026	47-0491233		68,000				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
OHIO STATE UNIVERSITY RESEARCH FOUNDATION ACCTG DEPT 4TH FLOOR 1960 KENNY RD COLUMBUS, OH 432101063	31-6025986		66,373				FLU
OHIO DEPT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215	31-1334820		66,070				INFOMATICS FIELD ASSIGNEE

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
COLORADO HEALTH INSTITUTE 303 E 17TH AVENUE SUITE 930 DENVER, CO 80203	74-3082235		50,000				SAMHSA
HARRIS COUNTY PUBLIC HEALTH 1001 PRESTON SUITE 652 HOUSTON, TX 770021816	76-0454514		50,000				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	41-6007162		50,000				SAMHSA
STATE OF CONNECTICUT DEPT OF PUBLIC HEALTH PO BOX 340308 410 CAPITAL AVENUE HARTFORD, CT 061340308	06-6000798		50,000				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
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT FINANCE MS0063629 SOUTH D STREET TACOMA, WA 98418	91-1488160		50,000				SAMHSA
MARYLAND DEPT OF HEALTH 300 W PRESTON ST SUITE 202 BALTIMORE, MD 21201	52-6002033		49,999				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
PHILADELPHIA DEPT OF PUBLIC HEALTH 1101 MARKET STREET SUITE 1320 PHILADELPHIA, PA 191072934	23-6003047		49,999				SAMHSA
NEW JERSEY DEPT OF HEALTH 135 E STATE STREET PO BOX 369 TRENTON, NJ 086250369	21-6000928		49,986				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
GEORGIA DEPT OF PUBLIC HEALTH 2 PEACHTREE ST NW STE 25-455 ATLANTA, GA 30303	90-0676388		49,921				FLU
SEATTLE INDIAN HEATH BOARD 611 12TH AVE SOUTH SEATTLE, WA 98144	91-0869056		49,830				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
MARIN COUNTY OF FINANCE DEPT 20 NORTH SAN PEDRO ROAD 2025 SAN RAFAEL, CA 94903	94-6000519		46,189				SAMHSA
LOUISIANA DEPT OF HEALTH POBOX 61979 NEW ORLEANS, LA 701611979	72-6000821		46,061				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
FLORIDA STATE DEPT OF HEALTH 4052 BALD CYPRESS WAY TALLAHASSEE, FL 323991729	59-3502843		43,753				FLU
KENTUCKY DEPT PUBLIC HEALTH 275 E MAIN ST FRANKFORT, KY 40621	61-0600439		39,310				INFOMATICS FIELD ASSIGNEE

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 POST OFFICE BOX 1700 JACKSON, MS 39215	64-6000775		37,500				FLU
STATE OF WISCONSIN PO BOX 1668 MADISON, WI 537011668	39-6006469		37,500				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
PENNSYLVANIA DEPT OF HEALTH 625 FORSTER STREET HARRISBURG, PA 17120	23-6003104		37,475				FLU
MARICOPA COUNTY DEPT OF PUBLIC HEALTH 4041 N CENTRAL AVE SUITE 1400 PHOENIX, AZ 85012	86-6000472		36,508				SAMHSA

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

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MICHIGAN DEPT OF HEALTH PO BOX 30437 LANSING, MI 48909	38-6000134		33,636				FLU YR2
UTAH DEPT OF HEALTH PO BOX 144003 SALT LAKE CITY, UT 84114	87-6000545		33,636				FLU YR2

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 YORK CITY DEPT OF HEALTH & MENTAL GOTHAM CENTER- 42-09 28TH STREET15T FLOOR CN15-119 LONG ISLAND CITY, NY 11101	13-6400434		33,333				FLU
GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD 2611 ELDERBERRY BLVD RAPID CITY, SD 57703	46-0420063		33,333				SAMHSA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA DEPT OF HLTH & HUMAN SVCS 1902 MAIL SERVICE CENTER RALEIGH, NC 276991902	56-2033116		31,344				INFOMATICS FIELD ASSIGNEE Y5
COLORADO DEPT OF PUBLIC HLTH & ENVIRONMENT 4300 CHERRY CREEK DRIVE SOUTH DENVER, CO 802461530	84-0644739		28,733				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
MASSACHUSETTS COMMONWEALTH OF ONE ASHBURTON PLACE 9TH FLOOR BOSTON, MA 02108	04-6002284		27,000				FLU
OREGON DEPT OF HUMAN SERVICES PO BOX 4325 PORTAND, OR 972089992	93-6001752		25,000				SAMHSA

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
TEXAS DEPT OF STATE HEALTH SERVICES PO BOX 149347 MAIL CODE 1964 AUSTIN, TX 78758	32-0113643		24,879				SAMHSA
OHIO DEPARTMENT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215	31-1334820		21,100				FLU YR2

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	35-6000158		18,947				FLU
VIRGINIA DEPT OF HEALTH 109 GOVERNOR ST RICHMOND, VA 23219	54-6001775		15,000				INJURY OPIOID TECHNICAL ASSISTANCE

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
SAN MATEO COUNTY PUBLIC HEALTH 225 37TH AVENUE SAN MATEO, CA 94403	94-6000532		14,172				CLIMATE
MICHIGAN DEPT OF HEALTH AND HUMAN SERV PO BOX 30437 LANSING, MI 48909	38-6000134		14,167				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
GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD 2611 ELDERBERRY BLVD RAPID CITY, SD 57703	46-0420063		13,671				TRIBAL-EVALUATION
MISSISSIPPI DEPT OF HEALTH POST OFFICE BOX 1700 JACKSON, MS 39215	64-6000775		12,500				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
NEW YORK CITY DEPT OF HEALTH & MENTAL GOTHAM CENTER- 42-09 28TH STREET15T FLOOR CN15-119 LONG ISLAND CITY, NY 11101	13-6400434		12,500				FLU
STATE OF WISCONSIN PO BOX 1668 MADISON, WI 537011668	39-6006469		12,500				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
PENNSYLVANIA DEPT OF HEALTH 625 FORSTER STREET HARRISBURG, PA 17120	23-6003104		12,492				FLU
MICHIGAN DEPT OF HEALTH AND HUMAN SERV PO BOX 30437 LANSING, MI 48909	38-6000134		11,698				SAMHSA

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
WASHINGTON STATE DEPT OF HEALTH PO BOX 47901 OLYMPIA, WA 98504	91-1444603		10,909				CLIMATE
ALBUQUERQUE AREA INDIAN HEALTH 7001 PROSPECT AVE NE ALBUQUERQUE, NM 08712	85-0255630		10,633				TRIBAL-PPFH

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
CALIFORNIA RURAL INDIAN HEALTH 1020 SUNDOWN WAY ROSEVILLE, CA 956614473	23-7052541		10,633				TRIBAL-PPFH
UNITED SOUTH & EASTERN TRIBES 711 STEWARTS FERRY PIKE SUITE 100 NASHVILLE, TN 37214	59-1315904		10,633				TRIBAL-PPFH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA DEPT OF HEALTH 109 GOVERNOR ST RICHMOND, VA 23219	54-6001775		10,000				SAMHSA
DAKOTA STATE UNIVERSITY 820 N WASHINGTON AVE MADISON, SD 57042	46-6000364		9,970				INFOMATICS FIELD ASSIGNEE

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	42-6004523		8,716				FLU YR2
BLACK HILLS SPECIAL SERVICES COOPERATIVE 2885 DICKSON DRIVE STURGIS, SD 57785	46-0361575		8,243				INFOMATICS FIELD ASSIGNEE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH DEPT OF HEALTH PO BOX 144003 SALT LAKE CITY, UT 84114	87-6000545		8,200				SAMHSA
MINNESOTA DEPT OF HEALTH PO BOX 64975 ST PAUL, MN 55164	41-6007162		5,590				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
KENTUCKY DEPT PUBLIC HEALTH 275 E MAIN ST FRANKFORT, KY 40621	61-0600439		5,000				EPIDEMIOLOGY AND SURVEILLANCE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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)	239,057	0	0	14,343	21,011	274,411	0
	(ii)	0	0	0	0	0	0	0
2 JOHN LISCO SENIOR DIRECTOR OF FINANCE	(i)	156,938	0	0	9,416	11,519	177,873	0
	(ii)	0	0	0	0	0	0	0
3 BEVERLY CHRISTNER DIRECTOR OF OPERATIONS	(i)	132,133	10,000	0	8,528	20,395	171,056	0
	(ii)	0	0	0	0	0	0	0
4 LAKESHA ROBINSON SENIOR DEPUTY DIRECTOR	(i)	116,052	7,500	0	7,413	38,197	169,162	0
	(ii)	0	0	0	0	0	0	0
5 JENNIFER LEMMINGS SENIOR DIRECTOR OF PROGRAMS	(i)	104,836	6,200	0	6,662	35,895	153,593	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**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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 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 IN FY19, THERE WERE 1,961 MEMBERS

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER CONSULTANTS & CONTRACTS 3,564,964

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COUNCIL OF STATE AND TERRITORIAL
EPIDEMIOLOGISTS INC

Employer identification number

23-7410799

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CSTE FOUNDATION INC 2635 CENTURY PARKWAY NE SUITE 700 ATLANTA, GA 30345 47-4094953	SUPPORT CSTE	GA	501(C)(3)	LINE 12A, I	CSTE INC		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation