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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2012

Open to Public Inspection

A **For the 2012 calendar year, or tax year beginning** Oct 1 , **2012, and ending** Sep 30 , 2013

B Check if applicable	C Name of organization	D Employer Identification Number
☐ Address change	COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.	23-7410799
☐ Name change	Doing Business As	
☐ Initial return	Number and street (or P O box if mail is not delivered to street addr) / Room/suite: 2872 WOODCOCK BLVD. / 250	E Telephone number: (770) 458-3811
☐ Terminated	City, town or country / State / ZIP code + 4: ATLANTA GA 30341	G Gross receipts $ 10,779,907.
☐ Amended return		
☐ Application pending	F Name and address of principal officer: Jeffrey P Engle, 2872 Woodcock Blvd Atlanta GA 30341	H(a) Is this a group return for affiliates? ☐ Yes ☒ No
		H(b) Are all affiliates included? If 'No,' attach a list (see instructions) ☐ Yes ☐ No
I Tax exempt status	☐ 501(c)(3) ☒ 501(c) (6) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527	
J Website: ► www.cste.org		H(c) Group exemption number ►
K Form of organization	☒ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of Formation 1992 / M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Development of State Surveillance and Epidemiologist Training

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	30
6	Total number of volunteers (estimate if necessary)	6	600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,600.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,484.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,170,986.	10,293,964.
9	Program service revenue (Part VIII, line 2g)	453,095.	477,491.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,522.	6,852.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,746.	1,600.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,634,349.	10,779,907.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,284,580.	5,500,636.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,875,242.	2,000,585.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,400,709.	3,304,638.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,560,531.	10,805,859.
19	Revenue less expenses Subtract line 18 from line 12	73,818.	-25,952.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,389,989.	2,322,910.
21	Total liabilities (Part X, line 26)	1,269,056.	1,227,930.
22	Net assets or fund balances Subtract line 21 from line 20	1,120,933.	1,094,980.

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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: Jeffrey Engel Date: 7/25/14

Type or print name and title: Jeffrey Engel Executive Director

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self employed	PTIN
Laura H Elledge	Laura H Elledge	7/18/14		P01287326

Firm's name ► CONN & CO TAX PRACTICE, LLC
Firm's address ► 800 MOUNT VERNON HWY STE 380, ATLANTA GA 30328-4293
Firm's EIN ► 27-4732807
Phone no (770) 396-0015

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SCANNED AUG 06 2014

G13

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

CSTE promotes the effective use of epidemiologic data to guide public health practice and improve health. CSTE accomplishes this by supporting the use of effective public health surveillance and good

See Form 990, Page 2, Part III, Line 1 (continued)

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 [X] 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 [X] 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 and section 4947(a)(1) trusts 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 $ 2,751,583. including grants of $ 2,751,583.) (Revenue $ 0.)

See Attached

4b (Code _____) (Expenses $ 1,444,920. including grants of $ 1,444,920.) (Revenue $ 0.)

See Attached

4c (Code _____) (Expenses $ 403,195. including grants of $ 403,195.) (Revenue $ 0.)

See Attached

4d Other program services (Describe in Schedule O)

(Expenses $ 5,557,934. including grants of $ 5,557,934.) (Revenue $)

4e Total program service expenses ► 10,157,632.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22	X	
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? *If 'Yes,' complete Schedule J*	23	X	
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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	24a		X
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part 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? *If 'Yes,' complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
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? *If 'Yes,' complete Schedule L, Part III*	27		X
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? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
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? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
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? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	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? *If 'Yes,' complete Schedule R, Part VI*	37		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 41		
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	X	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b	X	
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		X
b	If 'Yes,' enter the name of the foreign country ►			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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	X	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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?	12a		
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 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?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	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*	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	15a	X	
b	Other officers of key employees of the organization	15b	X	
	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?	16a		X
b	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► Georgia

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► Jeffrey Engle, MD 2872 Woodcock Blvd , Suite 250 Atlanta GA 30341-4015 (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 to any question in this Part VII ☐

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

1 a 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, and 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) Jeffrey P. Engel, MD Executive Director	40.00			X				52,737.	0.	10,187.
(2) Tim Jones, MD President	3.00	X		X				0.	0.	0.
(3) Alfred DeMaria,Jr.,MD President-Elect	4.00	X		X				0.	0.	0.
(4) Laurene Mascola, MD Vice-President	4.00	X		X				0.	0.	0.
(5) Marcelle Layton, MD Secretary-Treas.	3.00	X		X				0.	0.	0.
(6) Renee Calanan, PhD Chronic Disease/MCH/Oral Health	4.00	X						0.	0.	0.
(7) Sharon Watkins, PhD Environmental/Occupational/Injury	8.00	X						0.	0.	0.
(8) Megan Davies, MD At-Large	4.00	X						0.	0.	0.
(9) Kristy Bradley, DVM Infectious Disease	5.00	X						0.	0.	0.
(10) Janet Hamilton, MPH At-Large	4.00	X						0.	0.	0.
(11) Joe McLaughlin,MD, MPH At-Large	5.00	X			X			0.	0.	0.
(12) Patrick J McConnon, MPH Former Executive Dir	40.00			X				149,381.	0.	9,208.
(13) Beverly M Christner Director of Operations	40.00					X		100,436.	0.	0.
(14) Tom Safranek Former Vice President	4.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont)*

(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			
(15) Sara Huston Former Chronic Disease	3.00	X						0.	0.	0.
(16) Katrina Hedberg Former At-Large	4.00	X						0.	0.	0.
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							►	302,554.	0.	19,395.
c Total from continuation sheets to Part VII, Section A							►			
d Total (add lines 1b and 1c)							►	302,554.	0.	19,395.

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 ► 2

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b	133,680.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	10,160,284.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lns 1a 1f	$				
	h **Total.** Add lines 1a-1f		10,293,964.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b ANNUAL MEETINGS	874879	477,491.	477,491.	0.	0.
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		477,491.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		6,852.	0.	0.	6,852.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	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 Web Hosting	519210	900.	0.	900.	0.
	b Mailing List	511140	700.	0.	700.	0.
	c					
	d All other revenue					
	e **Total.** Add lines 11a 11d		1,600.			
	12 **Total revenue.** See instructions		10,779,907.	477,491.	1,600.	6,852.

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,431,807.			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	2,907,893.			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	160,936.			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	180,071.			
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	1,371,364.			
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	63,780.			
9 Other employee benefits	266,191.			
10 Payroll taxes	119,179.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,500.			
d Lobbying	3,368.			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	845,713.			
12 Advertising and promotion				
13 Office expenses	101,331.			
14 Information technology	183,750.			
15 Royalties				
16 Occupancy	151,110.			
17 Travel	1,209,741.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	314,284.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,479.			
23 Insurance	7,198.			
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 POSTAGE AND DELIVERY	8,837.			
b BANK PROCESSING FEES	19,344.			
c PRINTING & REPRODUCTION	54,303.			
d SUPPLIES	346,928.			
e All other expenses	6,752.			
25 Total functional expenses Add lines 1 through 24e	10,805,859.			
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		420,190.	1	100.
	2	Savings and temporary cash investments		919,900.	2	1,217,228.
	3	Pledges and grants receivable, net		859,966.	3	807,389.
	4	Accounts receivable, net		58,236.	4	111,925.
	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		2,773.	7	2,343.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		75,690.	9	78,235.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 285,071.			
	b	Less accumulated depreciation	10b 195,566.	50,081.	10c	89,505.
	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		3,153.	15	16,185.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,389,989.	16	2,322,910.
LIABILITIES	17	Accounts payable and accrued expenses		1,269,056.	17	1,184,821.
	18	Grants payable			18	
	19	Deferred revenue			19	
	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		0.	25	43,109.
	26	**Total liabilities.** Add lines 17 through 25		1,269,056.	26	1,227,930.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,120,933.	27	1,094,980.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ 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		1,120,933.	33	1,094,980.
	34	Total liabilities and net assets/fund balances		2,389,989.	34	2,322,910.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,779,907.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,805,859.
3	Revenue less expenses Subtract line 2 from line 1	3	-25,952.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,120,933.
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	-1.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,094,980.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
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?	2a		X
	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?	2b	X	
	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?	2c		X
	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?	3a	X	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

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.**
► **See separate instructions.**

OMB No 1545-0047

2012

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If the organization answered 'Yes,' to 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,' to 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,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization	Employer identification number
COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.	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

2 Political expenditures ► $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If 'Yes,' describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
(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
1 a 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 instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying non-taxable 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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) 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		X
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		X

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	51,570.
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	27,482.
b	Carryover from last year	2b	0.
c	Total	2c	27,482.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	18,050.
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	9,432.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.

Part IV Supplemental Information

Complete this part to 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & 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' to Form 990, Part IV, line 6

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, 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' to 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) Revenues included in 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 Revenues included in 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' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII Check here if the explantion has been provided in Part XIII ☐

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
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 in 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

	Yes	No
(i) unrelated organizations (3a(i))		
(ii) related organizations (3a(ii))		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? (3b)

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	285,071.		195,566.	89,505.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))*				► 89,505.

Part VII Investments – Other Securities. 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)		
(I)		
Total *(Column (b) must equal Form 990, Part X, column (B) line 12)* ►		

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must equal Form 990, Part X, column (B) line 13)* ►		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15)* ►	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Rent Discount	43,109.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total *(Column (b) must equal Form 990, Part X, column (B) line 25)* ►	43,109.

2. FIN 48 (ASC 740) Footnote 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

1	Total revenue, gains, and other support per audited financial statements		1	10,779,907.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains 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	10,779,907.
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	10,779,907.

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

1	Total expenses and losses per audited financial statements		1	10,805,859.
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	10,805,859.
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	10,805,859.

Part XIII Supplemental Information

Complete this part to 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

Pt XIII Line 4b Rounding

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2012

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & 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? [X] Yes [ ] No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Sub-Saharan Africa	0	0	Program Services	Cote d'Ivoire Reg Infl	47,919.
(2) East Asia and Pacific	0	0	Program Service	Cambodia Data Mgt Trng	113,017.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total	0	0			160,936.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			160,936.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2012

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

3 Enter total number of other organizations or entities ►

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Meeting expenses	Sub-Saharan Africa		47,919.	ck, wire, cc			
(2) Meeting expenses	East Asia and Pacific		113,017.	ck, wire, cc			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

Complete this part to 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).

Pt I Line 2 Expenses were documented with invoices, receipts & signatures

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

OMB No 1545 0047

2012

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & 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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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.

1 (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
(1) Arkansas DOH Little Rock AR	71-0847443	AR DOH	5,876.				BioSense 2.0
(2) DC DOH Washington DC	53-6001131	DC DOH	7,172.				BioSense 2.0
(3) LA County DOH Los Angeles CA	95-6000927	LA CO DOH	7,412.				BioSense 2.0
(4) Minnesota DOH St Paul MN	41-6007162	MN DOH	10,365.				BioSense 2.0
(5) Pennsylvania DOH Harrisburg PA	23-6003104	PA DOH	10,500.				BioSense 2.0
(6) West Virginia DOH Charleston WV	55-6000810	WV DOH	5,912.				BioSense 2.0
(7) Wisconsin DOH Madison WI	39-6006469	WI DOH	46,667.				Cons Clinical
(8) Michigan DOH Lansing MI	38-6000134	MI DOH	122,961.				Infl Hosp 3,4

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 25

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

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2012

Name of the organization: COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number: 23-7410799

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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 DOH Columbus OH	31-1334820	OH DOH	102,083.				Infl Hosp 3,4
Rhode Island DOH Providence RI	05-6000522	RI DOH	66,838.				Infl Hosp 3
Utah DOH Salt Lake City UT	87-6000545	UT DOH	125,920.				Infl Hosp 3,4
Iowa DOH Des Moines IA	42-6004523	IA DOH	82,000.				Infl Hosp 3
FL DOH Talahassee FL	59-3502843	FL DOH	147,891.				Influ Incid 4,
Iowa DOH Des Moines IA	42-6004523	IA DOH	126,667.				Influ Incid 4
LA County DOH Los Angeles CA	95-6000927	LA CO DOH	147,917.				Influ Incid 4,
Minnesota DOH St Paul MN	41-6007162	MN DOH	174,962.				Influ Incid 4,
NJ DOH Trenton NJ	21-6000928	NJ DOH	144,835.				Influ Incid 4,
North Dakota DOH Bismark ND	45-0309764	ND DOH	79,708.				Influ Incid 4,

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2012

Name of the organization: COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number: 23-7410799

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NYC DOH New York NY	13-6400434	NYC DOH	146,847.				Influ Incid 4,
OR DOH Salem OR	93-6001752	OR DOH	121,818.				Influ Incid 4
Philadelphia DOH Philadelphia PA	23-7221025	PHILA DOH	96,839.				Influ Incid 4
Texas DOH Austin TX	32-0133643	TX DOH	111,929.				Influ Incid 4,
Virginia DOH Richmond VA	54-6001775	VA DOH	135,929.				Influ Incid 4
Wisconsin DOH Madison WI	39-6006469	WI DOH	147,891.				Influ Incid 4,
Minnesota DOH St. Paul MN	41-6007162	MN DOH	133,696.				SARI
Kentucky DOH Frankfort KY	61-0600439	KY DOH	8,100.				BRFSS
Florida DOH Tallahasee FL	59-3502843	FL DOH	8,997.				BRFSS
DC DOH Washington DC	53-6001131	DC DOH	15,000.				BRFSS

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2012

Name of the organization: COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number: 23-7410799

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
Hawaii DOH Honolulu HI	99-6000449	HI DOH	15,000.				BRFSS
Massachusetts DOH Boston MA	04-6002284	MA DOH	15,000.				BRFSS
Montana DOH Billings MT	81-0302402	MT DOH	15,000.				BRFSS
Nebraska DOH Lincoln NE	47-0491233	NE DOH	15,000.				BRFSS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
1 CDC/CSTE Training Fellowships	89	2,238,062.			
2 Applied PH Informatics Fellowship	17	473,601.			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2 CSTE executes a legally binding agreement with all grantees. This agreement describes the detailed terms and

Pt I Line 2 permissible uses of grant funds. Funded entities are required to submit regular progress reports detailing the use of funds 2-4

Pt I Line 2 times per year. Progress reports are reviewed internally and shared with stakeholders if needed and/or requested. Funded

Pt I Line 2 entities are required to submit budgets detailing estimated costs and expenditures of the award before any funds are disbursed.

Pt I Line 2 Any changes made by the grantee from the approved budget must be preapproved by CSTE. A final report is due at the end of project.

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' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number

23-7410799

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☒ Health or social club dues or initiation fees		
	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on 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	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	X	
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		
	☒ Compensation committee		
	☒ Independent compensation consultant		
	☒ Form 990 of other organizations		
	☒ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		
b	Any related organization?		
	If 'Yes' to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		
b	Any related organization?		
	If 'Yes' to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III		
8	Were any amounts reported in 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		
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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 in 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 columns (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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
Patrick J McConnon, MPH	(i)	149,381.	0.	0.	8,963.	245.	158,589.	0.
1 Former Executive Dir	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Pt I Line 1b Employees have a wellness benefit of up to $25 per month.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545 0047

2012

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number

23-7410799

Pt VI, Line 7a Per Section 2 - Voting:

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 these 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.

Pt VI, Line 7b Official Council decisions, such as position statements that

Pt VI, Line 6 affect public health law, are made by vote with only one vote per designated by the State or Territorial Epidemiologist. For Active Members by electronic ballot at a time before the Annual designated by the State or Territorial Epidemiologist. For For membership and voting purposes, the District of Columbia is considered to have status equivalent to a state or territory. Unless action is taken by written consent pursuant to Article IX, Section 8, these votes must be cast in person at the Annual Meeting or the appliable Regular or Special Meeting."

Pt VI, Line 4 Article III Memberships (changes to Membership and Voting) Allowed "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 these 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".

Pt VI, Line 4 Retained "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 or Territorial Epidemiologist or an official Active Member representative from the state or territory designated by the State or Territorial Epidemiolgist. For For membership and voting purposes, the District of Columbia is considered to have status equivalent to a state or territory. Unless action is taken by written consent pursuant to Article IX, Section 8, these votes must be cast in person at the Annual Meeting or the appliable Regular or Special Meeting."

Pt VI, Line 4 Article IV, Executive Board:

Sec 2 - "At least two member of the Executive Board shall be a State or Territorial Epidemiologist." was added.

Sec 6 - Nomination of Candidates for the Executive Board... "will strive to have geographic representativeness among its slate of nominees. Candidates for President-Elect or Secretary-Treasurer shall not be from the same states as current officers, and no more than two members of the Executive Board shall be from the same State. Electronic ballots shall include the option of write-in candidates." was added.

Sec 10 - Authorities and Procedures of the Executive Board added (b)"The Executive Board shall approve all amendements to the Bylaws and the Articles of Incorporation of the Council before submission to both the State and Territorial Epidemiologist and the Active Members for a vote. (c) All position statements that effect state and territorial public health law, including any alteration to the National Notifiable Condition List shall be approved by a vote of the State and Territorial Epidemiologists. For all other position statements, the Executive Board shall determine if they shall be approved by a vote of the Active Members or by the State and Territorial

Name of the organization: COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number: 23-7410799

Epidemiologists."

(g)"The findings or actions of the Executive Board shall be subject to reconsideration by a petition of a minimum of five State or Territorial Epidemiologists or a minimum of ten percent of Active Members."

Pt VI, Line 4 Article XII - Amendments was changed to:

"Amendments to these Bylaws and the Articles of Incorporation of the Council shall require a vote of two-thirds of the State and Territorial Epidemiologists present and voting at any Annual, Regular or Special Meeting and by a majority of votes cast electronically by the Active Members provided that a draft of the proposed amendment shall have been submitted to the Executive Board and distributed to the Active Members of the Council not later than 30 days prior to the first day of such a meeting or voting date."

Pt VI, Line 4 Article XIII - Indemnification and Insurance

Was reworded to clarify the Council's legal postions.

Pt VI, Line 11b The final 990 with all Schedules is mailed to the Secretary/Treasurer eight days before it is files. He has a full week to review.

Pt VI, Line 12c Policy requires immediate notification of conflicts and we have annual acknowledgement that all has been disclosed.

Pt VI, Line 15a Every three to five years, an independent contractor is hired to do a

Pt VI, Line 15b 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.

Name of the organization: COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number: 23-7410799

Pt VI, 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, we would either email, fax or print for the requestor.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission

epidemiologic practice through training, capacity development, peer consultation, developing standards for practice, and advocating for resources and scientifically based policy.

Council of State and Territorial Epidemiologists, Inc.
Form 990, Part III, 4(a-b) Year Ended 9/30/13
Major Program Service Accomplishments

4a The CDC/CSTE Applied Epidemiology Fellowship Program provides advanced training to prepare recently graduated epidemiologists for successful careers in state or local health agencies It was created to strengthen the workforce in applied epidemiology at state and local health agencies CSTE in collaboration with the CDC and the Association of Schools of Public Health established the two-year Fellowship program to give recent graduates from schools of public health advanced training opportunities and preparation for successful careers as state or local epidemiologists CSTE provides administrative and technical support for a nation-wide fellowship program to recruit train, and retain newly graduated epidemiologists into the public health workforce The CSTE program addresses critical shortages by placing epidemiology trainees in a state or local health department under the mentorship of an experienced senior epidemiologist(s) for 2 years An individualized training plan is established according to the needs of each fellow and objectives for workforce development in a specific program area or geographic location The program fills a unique training niche since none of the current public health fellowship programs specifically address all of the following components

- A focus on applied epidemiology training
- Mentorship within state and local health departments across the country
- Applied epidemiology training geared toward recent graduates from schools of public health

Principles of the Program

- The program offers high quality on-the-job training in epidemiology and related topics at a state or local health department through a mentorship model
- The program is geared toward persons who are recruited for their interest in the practice of public health at the state or local level as a career focus
- Training is activity and competency-based (i e , graduates will be expected to develop a core set of skills during the course of the program by completing specified training activities)
- A major goal of the program is long-term job placement for participants in a state or local health department
- The program provides a certain degree of flexibility to meet the needs of individual fellow or to meet priority objectives for workforce development within certain program areas
- Fellows are placed in program areas according to CDC funding sources corresponding to that program at CDC CSTE recruited 33 masters and doctoral level epidemiologists and placed them in two year assignments in state local and other appropriate health agencies CSTE also renewed agreements with 30 epidemiologists for the second year of fellowship assignments In partnership with CDC, CSTE provided a week long competency-based fellowship training in Atlanta to increase writing and presentation communication skills, knowledge of public health system, public health law, risk communications and other subjects designed to begin the process of transition to becoming applied public health epidemiologists Add administrative and management support for the fellows in state local and other health agencies was carried out by CSTE

4b. **For Influenza Incidence Surveillance Project (IISP) Year 4,**
CSTE renewed agreements with 12 states or large urban areas (Florida, Iowa, LA County, Minnesota, New Jersey, New York City North Dakota, Oregon, Philadelphia, Texas, Virginia, and Wisconsin) for a fourth year of the **Influenza Incidence Surveillance Pilot** (IISP), which will follow the same methodology during the 2012-2013 influenza season Methods have focused on the determination of the incidence of ILI, the proportion due to influenza infection, the extrapolated incidence of medically attended ILI and the proportion of cases infected with non-influenza respiratory viruses and bacteria During the surveillance period, participating sites have reported weekly (every Wednesday) to CDC the number of all patient visits by age group, ILI visit by age group, and ARI visits by age group (optional) Each participant site recruited at least 4-6 health care providers with a weekly patient volume of 100-150 patients Each site has also collected specimens from the first 10 consenting ILI cases each week Specimen results have been reported to CDC within 2 weeks of the specimen collection date

Council of State and Territorial Epidemiologists, Inc.
Form 990, Part III, 4(c) Year Ended 9/30/13
Major Program Service Accomplishments

4c. IHSP Year 3:

For Influenza Hospitalization Surveillance Pilot (IHSP) Year 3 CSTE renewed contracts with three states (Michigan, Ohio, and Utah) to continue to evaluate influenza-associated hospitalization reporting. The goal of the IHSP project is to continue the monitoring of influenza hospitalization using the same methodology as EIP but across a larger geographic and diverse population than is currently being monitored. Current sites were selected to provide a greater geographic and demographic representation of the US in influenza hospitalization surveillance that enhances the current EIP Network.

The objectives of IHSP were:

1. The ability to calculate hospitalization rates that can be examined by race/ethnicity, sex and age group in a timely manner
2. To describe the temporal trends of laboratory-confirmed influenza hospitalization, including by influenza subtype
3. To describe characteristics of persons hospitalized with severe influenza illness
4. To describe the clinical features and course of influenza disease (e.g., severe illness and influenza-associated complications) among persons hospitalized with influenza
5. To examine risk and protective factors for severe sequelae of influenza infections, including co-morbid conditions and statin medications
6. To examine etiologic agents associated with severe bacterial illness, including pneumonia among influenza-infected adults
7. To establish the completeness of case ascertainment by this population-based hospitalization surveillance system

Council of State and Territorial Epidemiologists, Inc.
Form 990, Part III, 4(d) Year Ended 9/30/13
Major Program Service Accomplishments

Surveillance and Informatics

- Published a *Review of and Recommendations for the National Notifiable Diseases Surveillance System: A State and Local Health Department Perspective.*
- Hosted pre-conference workshop at 2013 CSTE Annual Conference on Opportunities for Strengthening Public Health Surveillance
- Held informational webinar on International Health Regulations.
- Initiated Meaningful Use ELR Message Check, a volunteer effort to test in state ELR systems the sample ELR certification messages provided by the National Institute of Standards and Technology (NIST) for EHR vendor certification for Meaningful Use.
- Funded Wisconsin to demonstrate electronic case reporting using C-CDA.
- Called on CDC for the inclusion of data on non-infectious nationally notifiable conditions and notifiable events to be included in the MMWR Annual Summary.

Infectious Disease Surveillance and Epidemiology

- Co-chaired the Council for Improvement of Foodborne Outbreak Response (CIFOR).
- As part of the CIFOR law project, released a suite of three documents on legal preparedness to help public health agencies and jurisdictions improve their legal preparedness to conduct surveillance for foodborne diseases and respond to outbreaks both within agencies' jurisdictions and across multiple states and other jurisdictional boundaries.
- Hosted a five webinar series on implementing the Integrated Data Security and Confidentiality Guidelines for HIV, TB, STD, and hepatitis public health programs.
- Participated in peer-to-peer consultations for new and less established HIV/AIDS Surveillance Coordinators.
- Continued to support influenza surveillance at multiple sites through three projects: Influenza Hospitalization Surveillance Project (IHSP); Influenza Incidence Surveillance Project (IISP); and Severe Acute Respiratory Infections (SARI) project.
- In partnership with CDC and WHO, CSTE sponsored an influenza data management and epidemiological analysis training in Cambodia this summer to increase data analysis capacity in countries including Cambodia, Vietnam, Laos, Mongolia, Philippines, and several Pacific islands.
- Led a three-webinar training series on the CDC NHSN Data Audit and Validation Toolkit.

Environmental and Occupational Surveillance and Epidemiology

- CSTE and CDC/NCEH have collaborated to provide updated, practical guidelines to state and local health departments on cancer cluster investigations, an update to 1990 MMWR Guidelines for Investigating Clusters of Health Effects (MMWR 39(RR-11)).
- Completed reports and guidance for STLTS health agencies on *Biomonitoring in Public Health: Epidemiologic Guidance for State, Local, and Tribal Health Agencies; Use of*

Council of State and Territorial Epidemiologists, Inc.
Form 990, Part III, 4(d) Year Ended 9/30/13
Major Program Service Accomplishments

CSTE is an organization of Member States and Territories and represents the perspective of epidemiologists working in state and local governments in matters related to the practice of public health. It is also a professional association of over 1,100 public health epidemiologists working in federal, state, local, and tribal health agencies, and U.S. territories. CSTE works to establish more effective working relationships among state and federal agencies and with other public health agencies. It also provides technical advice and assistance to partner organizations, such as the Association of State and Territorial Health Officials (ASTHO), and to federal public health agencies such as CDC.

Cross Cutting and Workforce

- Provided technical expertise to public health associations such as ASTHO, NACCHO, PHII, APHL and CDC in the form of our CSTE member consultancies.
- 27 Fellows graduated from Class IX of the Applied Epidemiology Fellowship program with 85% of graduates remaining in state/local/federal epidemiology positions.
- 8 Fellows graduated from Class I of the Applied Public Health Informatics Fellowship Program with 5 of 8 (63%) of fellows remaining at the state/local/federal level.
- Provided a 3 day orientation at CDC for newly appointed State Epidemiologists to meet with CDC subject matter experts and leaders and become familiar with activities and resources that support state health departments.
- Developed and launched the 2013 ECA to collect information on state and individual level epidemiology capacity and capacity in Environmental Health, Chronic Disease, Maternal and Child Health, and Oral Health program areas.
- Hosted a preconference training at the 2013 CSTE AC on drug use and excessive alcohol use epidemiology.
- Submitted a brief report to *Public Health Reports* on the underestimation of deaths caused by "narcotics" in vital statistics data.
- Engaged 10 states and cities in a pilot project to implement an analytical method using geocoded administrative data to analyze for socioeconomic health disparities, resulting in 5 oral and 5 poster presentations at the 2013 CSTE annual conference.
- Developed an updated CSTE website, including guidance and resources for STLT health agencies interested in analyzing public health administrative data to identify health disparities.
- Hosted a meeting around data sharing among partners working with tribal health data.
- Two new CSTE subcommittees were formed: Epidemiology Methods and Public Health and Primary Care Integration.

Poison Center Data Assessment Report, 2012; The Role of Applied Epidemiology Methods in the Disaster Management Cycle; Disaster Mental Health Surveillance at State Health Agencies; Developing Local Climate Change Environmental Public Health Indicators: Guidance for Local Public Health Departments.

- Passed a position statement at the 2013 CSTE AC on the role of epidemiology in firearm violence prevention.
- Highlight and generate state occupational health success stories on the CSTE website.
- Convened a Western States Occupational Network (WestON) Meeting to support western states and academic centers. Attendees discussed how to engage and work with tribal partners; occupational health pilot projects with ERCs and AG centers; Total Worker Health; Investigating occupational infectious disease; and how to get more out of BLS data.
- Completed a recommendations report on counting work-related Injuries and Illnesses: taking steps to close the gaps.
- Submitted a letter of comment to the Health IT Policy Committee on draft stage 3 recommendations for Meaningful Use.
- Maintain 23 occupational health indicators for surveillance and post state provided data on the CSTE website.
- Signed on to letters to congress urging the nationalization of NVRDS to improve violence prevention and surveillance.

Chronic Disease/Maternal and Child Health, and Oral Health Epidemiology

- Production of chronic disease training webinars on program evaluation, small area estimation using geographic information systems, and publishing in a scientific journal.
- Development of a guidance document for State-Based Oral Health Surveillance Systems that has been shared with colleagues nationally and internationally
- Hosting a maternal and child health symposium at the CSTE annual conference focused on uses of linked data and innovative approaches by MCH epidemiologists.
- Completed revision of the Chronic Disease Indicators and passed a position statement at the 2013 CSTE AC recommending adoption on these indicators by state epidemiologists.