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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

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

C Name of organization
Council of State and Territorial Epidemiologists Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) 2872 Woodcock Blvd 250 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Atlanta, GA 30341

D Employer identification number
23-7410799

E Telephone number
(770)458-3811

G Gross receipts $ 14,701,038

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www cste org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992

M State of legal domicile GA

Part I Summary

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

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

Activities & Governance

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 2014 (Part V, line 2a)	**5**	31
6	Total number of volunteers (estimate if necessary)	**6**	750
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,377
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,728,058	13,786,881
9	Program service revenue (Part VIII, line 2g)	635,718	910,801
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,811	1,979
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,100	1,377
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,375,687	14,701,038
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,638,210	7,085,559
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,452,332	2,806,425
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,160,545	4,617,173
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,251,087	14,509,157
19	Revenue less expenses Subtract line 18 from line 12	124,600	191,881

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,135,671	2,905,098
21	Total liabilities (Part X, line 26)	1,916,091	1,493,637
22	Net assets or fund balances Subtract line 21 from line 20	1,219,580	1,411,461

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

****** | 2016-08-10
Signature of officer | Date

Jeffrey P Engel MD Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Aleisa Howell	Aleisa Howell	2016-08-10		P00936721

Firm's name ▶ Mauldin & Jenkins LLC | Firm's EIN ▶ 58-0692043
Firm's address ▶ 200 Galleria Pkwy SE Ste 1700 Atlanta, GA 303395946 | Phone no (770) 955-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

32 fellows graduated from Class XI of the CDC/CSTE Applied Epidemiology Fellowship (AEF) program with 63 percent remaining in state, local, and federal epidemiology positions 35 Class XII Applied Epidemiology fellows started their first year of the fellowship during summer 2015

4b (Code) (Expenses $ including grants of $) (Revenue $)

Six Applied Public Health Informatics Fellowship (APHIF) fellows in Class III graduated after one year and four APHIF Class II fellows completed the pilot second-year extension with a focus on immunizations Eight APHIF Class IV fellows started their first year of the fellowship during 2015 and four Class III APHIF fellows are participating in a second-year extension focused on immunization

4c (Code) (Expenses $ including grants of $) (Revenue $)

CSTE renewed the Influenza Incidence Surveillance Project contracts for Year 5 with Florida, Los Angeles, Minnesota, New Jersey, New York City, North Dakota, Texas and Wisconsin

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶

Part IV Checklist of Required Schedules

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

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	45		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	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? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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**		No
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**		No
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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 take 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 ▶ GA

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Jeffrey P Engel MD

2872 Woodcock Blvd 250
Atlanta, GA 30341 (770) 458-3811

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tim Jones MD Vice President	2 00	X		X				1,750	0	0
(2) Alfred DeMaria Jr MD Vice President	6 00	X		X				0	0	0
(3) Marcelle Layton MD At-large	3 00	X						0	0	0
(4) Sharon Watkins PhD Environmental/Occupational	7 00	X						0	0	0
(5) Megan Davies MD President-Elect	2 00	X		X				0	0	0
(6) Kristy Bradley DMV Infectious Disease	5 00	X						0	0	0
(7) Janet Hamilton MPH At-large	3 00	X						0	0	0
(8) Joe McLaughlin MD MPH President	6 00	X		X				0	0	0
(9) Sarah Park MD Secretary-Treas	4 00	X		X				0	0	0
(10) Richard Danila PhD MPH At-large	3 00	X						0	0	0
(11) Kathryn Turner PhD MPF At-large	5 00	X						0	0	0
(12) Renee Calahan Chronic Disease/MCH/Oral Health	8 00	X						0	0	0
(13) Jeffrey P Engel MD Executive Director	40 00			X				210,907	0	39,291
(14) Beverly M Christner Director of Operations	40 00					X		114,073	0	29,988

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LaKesha Robinson Chief, Planning & Grants Mgmt	24 30					X		109,099	0	6,546

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	435,829	0	75,825

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 ▶ 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	13,784,939			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,942			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		13,786,881			
Program Service Revenue			Business Code				
	2a	Annual Meetings	611430	765,562	763,370		2,192
	b	Member Fees	611430	145,239	145,239		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		910,801			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,979			1,979
	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) . . . . . ▶					
Other Revenue	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	Book Sales	511130	910		910	
	b	Mailing List Sales	511140	350		350	
	c	Commissions	511130	117		117	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,377			
	12	**Total revenue.** See Instructions . . . . . ▶		14,701,038	908,609	1,377	4,171

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,230,313			
2 Grants and other assistance to domestic individuals See Part IV, line 22	4,855,246			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	257,870			
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	1,907,335			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,951			
9 Other employee benefits	382,551			
10 Payroll taxes	156,718			
11 Fees for services (non-employees)				
a Management	3,000			
b Legal	1,256			
c Accounting	12,950			
d Lobbying	5,000			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,985,328			
12 Advertising and promotion	5,500			
13 Office expenses	172,061			
14 Information technology	233,300			
15 Royalties				
16 Occupancy	196,190			
17 Travel	1,512,052			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	171,743			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,697			
23 Insurance	16,260			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Telephone/Webex	99,658			
b Printing & Reproduction	97,867			
c Equipment Rental	30,629			
d Bank Processing Fees	27,373			
e All other expenses	20,309			
25 **Total functional expenses.** Add lines 1 through 24e	14,509,157			
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 or note to any line in this Part X . . . . . ☑

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	100	1	100
	2	Savings and temporary cash investments	1,683,126	2	1,826,699
	3	Pledges and grants receivable, net	1,243,217	3	810,690
	4	Accounts receivable, net	44,705	4	88,165
	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	2,177	7	77
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	90,691	9	134,807
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 197,972			
	b	Less accumulated depreciation — 10b: 169,974	54,695	10c	27,998
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	16,960	15	16,562
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,135,671	16	2,905,098
Liabilities	17	Accounts payable and accrued expenses	1,798,488	17	1,385,115
	18	Grants payable		18	
	19	Deferred revenue	48,970	19	55,952
	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	68,633	25	52,570
	26	**Total liabilities.** Add lines 17 through 25	1,916,091	26	1,493,637
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,219,580	27	1,409,519
	28	Temporarily restricted net assets		28	1,942
	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	1,219,580	33	1,411,461
	34	Total liabilities and net assets/fund balances	3,135,671	34	2,905,098

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,701,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,509,157
3	Revenue less expenses Subtract line 2 from line 1	3	191,881
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,219,580
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,411,461

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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		No
	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	Yes	
	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		No
	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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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

OMB No 1545-0047

2014

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
Council of State and 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-

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response 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		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	Yes	

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	64,101
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	18,782
b	Carryover from last year	2b	5,162
c	Total	2c	23,944
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	41,666
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-17,722

Part IV Supplemental Information

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

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Council of State and Territorial Epidemiologists Inc

Employer identification number
23-7410799

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		197,972	169,974	27,998
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				27,998

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Rent Discount	52,570
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	52,570

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	14,701,038
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	14,701,038
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	14,701,038

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	14,509,157
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	0
3	Subtract line **2e** from line **1**			3	14,509,157
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	14,509,157

Part XIII Supplemental Information

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

Return Reference	Explanation
Part X, Line 2	The Organization accounts for uncertain tax positions in accordance with accounting standards that provide guidance on when uncertain tax positions are recognized in an entity's financial statements and how the values of these positions are determined No liability has been recorded as of September 30, 2015 or 2014 due to uncertain tax positions

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Council of State and Territorial Epidemiologists Inc

Employer identification number
23-7410799

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

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

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

3 Activites 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	15	Program Services	Aid Ebola Surveillance Efforts	376,979
(2) East Asia and the Pacific	0	1	Program Services	Flu Surveillance	2,564
(3) Russia and Neighboring States	0	1	Program Services	Flu Surveillance	6,654
(4) Sub-Saharan Africa	0	1	Program Services	Flu Serveillance	2,559
(5) South Asia	0	1	Program Services	Understanding trajectory of HCV in Pakistan and risk factors	34,169
3a Sub-total	0	19			422,925
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	19			422,925

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

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

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Council of State and Territorial Epidemiologists Inc

Employer identification number
23-7410799

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 37

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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) CSTE/CDC Applied Epidemiology Fellowship	97	3,070,055			
(2) APH Informatics Fellowship	25	871,950			
(3) Health Systems Integration Program Fellowship	17	844,722			
(4) Informatics Training in Place Program	28	67,519			
(5) Awards	1	1,000			

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Massachusetts Dept of PH 250 Washington St 8th Fl Boston, MA 02108	04-6002284	State Govt	180,000				AMD
Michigan DOH320 S Walnut Lansing Lansing, MI 48913	38-6000134	State Govt	110,378				IHSP YR5
Ohio DOH246 N High St Columbus, OH 43215	31-1334820	State Govt	123,750				IHSP YR5

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Utah DOH288 N 1460 West Salt Lake City, UT 84114	87-6000545	State Govt	127,970				IHSP YR5
Michigan DOH320 S Walnut Lansing, MI 48913	38-6000134	State Govt	34,611				IHSP YR6
Ohio DOH246 N High St Columbus, OH 43215	31-1334820	State Govt	43,011				IHSP YR6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Utah DOH288 N 1460 West Salt Lake City, UT 84114	87-6000545	State Govt	46,820				IHSP YR6
New York City NY DOH42-09 28th St 12th Fl Long Island City, NY 11101	13-6400434	City Govt	30,271				IISP YR5
Florida DOH4052 Bald Cypress Way Tallahassee, FL 32399	59-3502843	State Govt	74,083				IISP YR6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Los Angeles County DOH 313 N Figueroa St Los Angeles,CA 90012	95-6000927	County Govt	95,250				IISP YR6
Minnesota DOH625 Robert StN St Paul,MN 55155	41-6007162	State Govt	95,172				IISP YR6
New Jersey DOH135 E State St Trenton,NJ 08625	21-6000928	State Govt	78,000				IISP YR6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
New York City NY DOH42-09 28th St 12th Fl Long Island City, NY 11101	13-6400434	City Govt	74,083				IISP YR6
North Dakota DOH600 E Boulevard Av D301 Bismark, ND 58505	45-0309764	State Govt	50,704				IISP YR6
Wisconsin DOH1 W Wilson Madison, WI 53701	39-6006469	State Govt	83,250				IISP YR6

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Florida DOH4052 Bald Cypress W Tallahassee,FL 32399	59-3502843	State Govt	32,500				IISP YR7
Los Angeles County DOH 313 N Figueroa St Los Angeles,CA 90012	95-6000927	County Govt	31,250				IISP YR7
Minnesota DOH625 Robert StN St Paul,MN 55155	41-6007162	State Govt	32,500				IISP YR7

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
New Jersey DOH135 E State St Trenton, NJ 08625	21-6000928	State Govt	28,750				IISP YR7
New York City NY DOH42-09 28th St 12th Fl Long Island City, NY 11101	13-6400434	City Govt	32,500				IISP YR7
North Dakota DOH600 E Boulevard Av D301 Bismark, ND 58505	45-0309764	State Govt	22,500				IISP YR7

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Texas DOH1100 W 49th St Austin,TX 78756	32-0133643	State Govt	25,000				IISP YR7
Wisconsin DOH1 W Wilson Madison,WI 53701	39-6006469	State Govt	32,500				IISP YR7
Seattle & King Co401 5th Ave STE 1200 Seattle,WA 98104	91-6001327	County Govt	17,160				Life Expectancy

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Indiana DOH2 N Meridian St Indianapolis,IN 46204	35-6000158	State Govt	11,667				One Health
Maine DOH286 Water St Augusta,ME 043330011	01-6000001	State Govt	11,667				One Health
Maricopa County Dept of PH 4041 N Central Ave S600 Phoenix,AZ 85012	86-6000472	County Govt	13,849				One Health

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Michigan DOH320 S Walnut Lansing, MI 48913	38-6000134	State Govt	15,000				One Health
Ohio DOH246 N High St Columbus, OH 43215	31-1334820	State Govt	15,000				One Health
Virginia Department of Health109 Governor Street Richmond, VA 23231	54-6001775	State Govt	10,616				One Health

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Houston Dept of HHS8000 N Stadium Dr 7th Fl Houston,TX 77054	74-6001164	City Govt	15,000				RCKMS
IHC Health Services5171 S Cottonwood St Ste 220 Murray,UT 84107	94-2854057	501(c)(3)	50,000				RCKMS
Illinois Department of Public Health525 W Jefferson Street Springfield,IL 62761	01-0632628	State Govt	13,000				RCKMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Southern Nevada Health DistrictPO Box 3902 Las Vegas, NV 89127	88-0151573	State Govt	15,000				RCKMS
Virginia Department of Health109 Governor Street Richmond, VA 23231	54-6001775	State Govt	15,000				RCKMS
Minnesota DOH25 Robert StN St Paul, MN 55155	41-6007162	State Govt	215,250				SARI Yr2

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Minnesota DOH25 Robert StN St Paul,MN 55155	41-6007162	State Govt	122,500				SARI Yr3
Ohio State University1960 Kenny Road Columbus,OH 43210	31-6025986	State Govt	204,751				Swine Flu

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Council of State and Territorial Epidemiologists Inc

Employer identification number
23-7410799

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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?	**5a**		
b	Any related organization?	**5b**		
	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?	**6a**		
b	Any related organization?	**6b**		
	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	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Jeffrey P Engel MD, Executive Director	(i)	195,733	15,000	174	12,866	26,425	250,198	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Council of State and Territorial Epidemiologists Inc	23-7410799

Return Reference	Explanation
Form 990, Part III, line 2	Expanded our international surveillance consultations to included Ebola- and other infectious disease stricken countries since their health affects our health due to the ease of global mobility

Return Reference	Explanation	
	Form 990 Part III Line 4d	A Chronic Disease, Maternal and Child Health, and Oral Health Steering Committee Finalize d and distributed the 2013 Epidemiology Capacity Assessment (ECA) report module Findings a nd Recommendations for Chronic Disease, Maternal & Child Health, and Oral Health Develope d a training plan to build capacity in Oral Health Epidemiology Enhancing Oral Health Epi demiology Capacity A Three-Year Training Plan Distributed the Chronic Disease Epidemiolo gist Orientation Manual, w hich is a quick-start menu of resources for lead chronic disease epidemiologists w orking in state, territorial, tribal, and local health departments Rene w ed the funding relationship w ith AMCHP and WESTAT to further enhance CD and MCH epidemiol ogy capacity CSTE in partnership w ith ASTHO, NACDD, CDC, and UNC hosted several w ebinars focusing on oral health in older adults, the use of chronic disease data to improve the he alth of the gaining population, and sudden, unexpected deaths Supported the consensus dev elopment of chronic disease indicators along w ith CDC and the NACDD, enabling public healt h professionals and policymakers to retrieve uniformly defined state and selected metropol itan-level data for chronic diseases and risk factors that have a substantial impact on pu blic health (from position statement 13-CD-01) Collaborated on a report in the CDC Morbid ity and Mortality Weekly Report (MMWR) on the chronic disease indicators Convened the 130 5 w orkgroup to allow states to share resources and strategies in order to meet reporting a nd other requirements of the 1305 and 1422 CDC grants Hosted preconference w orkshops at t he 2015 CSTE Annual Conference o Unleashing the Potential of Clinical Performance Measure s for Maternal and Child Health o Spatial Analysis Methods, Applications, and Data Present ation Completed a four-part w ebinar series on chronic disease evaluation o Focusing Your Evaluation Design o Approaches to Evaluation/Evaluation Types o Outcomes/Process Evaluatio n Discussions o Data Visualization and Reporting Approved position statement 15-CD-01 Rev ision to the National Oral Health Surveillance System (NOHSS) Indicators B Cross Cutting Steering Committee (Including Fellow ship and Workforce Development) Graduated the first c lasses of the Project SHINE fellow ships Health Systems Integration Program (HSIP) w ith ni ne Class I graduates and the Informatics-Training in Place Program (I-TIPP) w ith 10 Class II graduates o Eight HSIP Class II fellow s and 15 Class III I-TIPP fellow s started the fe llow ship during the the summer of 2015 Partnered w ith CDC to convene an Epi Info Train th e Trainer Workshop Conducted a comprehensive needs assessment about state, tribal, local, and territorial capacity, interest, and training needs related to Epi Info The final rep ort offered critical programming and training recommendations for Epi Info future develop m ent Co-hosted w ith CDC CDC the New State Epi Orientation for seven new State Epidemiologi sts Developed a toolkit of resources for epidemiologists w orking w ith tribal health data Continued development of the Binational Toolkit, a reference document aimed at assisting epidemiologists navigate binational cases and public health events of international signif icance Convened the Substance Abuse and Mental Health Indicator Development Meeting in co llaboration w ith SAMHSA to finalize a consensus list of public health surveillance indicat ors in the domains of Substance Abuse and Mental Health Provided technical expertise to p ublic health associations, such as ASTHO, PHII, NACCHO, APHL, and CDC in the form of our C STE member consultancies Convened the CDC and CSTE Life Expectancy Workgroup Meeting to r eview existing literature and develop a detailed w ork plan for the life expectancy project Developed and disseminated a stakeholder-driven Guide for Sub-County Assessment of Life Expectancy (SCALE) This is a guide for calculating and mapping life expectancy estimates at the census-tract level Convened a Marijuana Subcommittee to develop a national strateg y to systematically monitor, characterize, and mitigate the public health impacts of marij uana Convened a Prescription Drug Monitoring Program Subcommittee to standardize methods using PMP data for public health surveillance of opioid analgesic prescriptions Published tools to improve specificity of drugs that cause overdose deaths Tools consist of a SAS program designed to review the text data on death certificates, an Excel spreadsheet w ith common search terms found on death certificates, and a text document explaining the tool Finalized and distributed the Applied Epidemiology Scientific Writing Trends, Needs, and R ecommendations, 2014 report Published a report in the CDC Morbidity and Mortality Weekly Report (MMWR), called "Assessment of Epidemiology Capacity Capacity in State Health Depart ments - United States, 2013 " Partnered w ith CDC to publish an MMWR article, called "Incre ases in Heroin Overdose Deaths - 28 States, 2010 t

Return Reference	Explanation	
	Form 990 Part III Line 4d	o 2012 " Published an article on Public Health Reports calling for specificity of drug names on death certificates "Drug Overdose Deaths Let's Get Specific Hosted 2015 preconference workshops on crosscutting and workforce topics including o Alcohol and Drug Policy in Action o Epidemiologic Tools and Resources for Assessing, Improving, Monitoring and Evaluating Communication Health Improvement o National Violent Death Reporting System (NVDRS) Surveillance Academy o Epi Info 7 Preconference Workshop o Epidemiology Training Creating and Completing a Surveillance Analytic Work Plan o EIS, CEFO, and CSTE Demonstrating Epidemiologic Impact and Capacity Building Hosted webinars related to public health workforce and crosscutting issues o Optimizing Infectious Disease Surveillance o Social Determinants of Low Birth Weight Lessons Learned in Spatial Analysis of Sub-County Health Outcomes o Applied Epidemiology Scientific Writing Trends, Needs, and Recommendations, 2014 o Optimizing and Designing Multi-Objective Surveillance Systems o The Use of Alternate Data Sources for Public Health Data Analysis and Validation o The Consequences of Opioid Prescribing o The Guide to Community Preventive Services Reviews and Recommendations for Population- based Interventions to Improve Health C Environmental Health, Occupational Heath, and Injury Epidemiology Steering Committee Highlighted and generated state occupational health success stories on the CSTE website Maintained 23 occupational health indicators for surveillance and post state-provided data on the CSTE website Convened the 8th Annual Western States Occupational Network (WestON) Meeting to support western states and academic centers The 2015 WestON meeting and live stream continues to be an opportunity for state and federal public health professionals and academic colleagues to learn about and share ideas for establishing and improving epidemiological capacity to track, investigate, and prevent work-related injuries, diseases, and hazards Convened the WestON OGE Symposium, Public Health Strategies to Prevent Work-Related Injuries and Illnesses in Oil and Gas Extraction, to 1) Develop strategies to track and prevent work-related injuries and fatalities, 2) Reduce exposures to silica and volatile organic compounds, and 3) Create and improve workplace safety and health culture Collaborated with the Association of Occupational and Environmental Clinics (AOEC) Occupational Health Internship Program (OHIP) to fund four students for a nine -week summer internship (June-August 2015) in occupational health Continued discussions, progress, and follow-up with CDC, NIOSH, and BLS regarding 2014 CSTE position statement 14-OH-02, Inclusion of Work Information Elements in CDC Surveillance Systems, and 14-OH-01, Access to Census of Fatal Occupational Injuries Case-Level Data for Public Health Purposes Hosted the 6th Annual National Disaster Epidemiology Workshop in collaboration with CDC, the National Association for County and City Health Officials (NACCHO), and the Safe States Alliance The theme of the workshop was "Stronger Together Building Partnerships and Moving Disaster Epidemiology Forward " Partnered with The National Association for Public Health Statistics and Information Systems (NAPHSIS) to strengthen the surveillance capabilities of the National Vital Statistics System for tracking disaster-related deaths, especially radiologic disasters, to develop consensus case definitions in collaboration with CSTE and CDC, as well as standards for certifying disaster-related deaths by developing guidelines for consistent cause-of-death reporting using electronic death registration systems

Return Reference	Explanation	
	Form 990 Part III Line 4d (continued)	Convened the CSTE Pollen Summit with the CSTE Asthma Workgroup to 1) Share the latest research regarding the many faces of pollen, including its interconnectedness to health, climate, food security, and adaptation efforts, 2) Develop the specifications for a national pollen monitoring network, 3) Outline a position paper in support of a national pollen monitoring network and develop a work plan to complete the project, 4) Develop a strategic plan for the promotion, education, advocacy, and funding needed to implement the monitoring network Finalized and distributed the Assessment of State Activities in Non-Infectious Environmental Health Exposure Monitoring and Investigation Report Developed a resource repository of disaster epidemiology methods, tools, and lessons learned on the CSTE Disaster Epidemiology webpage Completed the Public Health Emergency Preparedness (PHEP) Capabilities and Disaster Epidemiology Crosswalk, which highlights how disaster epidemiology tools, resources and trainings can assist local and state health departments with meeting the capabilities Developed and convened webinars to support environmental and occupational health epidemiology o Climate Change and Occupational Health An Environmental Health, Injury, and Occupational Health Issue o Climate Change Emerging Public Health Threats o The Current State of Syndromic Surveillance in the US o Pollen Seasonality - A Methodology to Assess the Timing of Pollen Seasons throughout the US o BLS Resources for Epidemiologists Helping You with Your Detective Work o American Community Survey 101 Overview and Application in Occupational Health Surveillance o Assessing and Responding to the Health and Safety Needs of Workers in the Temporary Services Industry Hosted preconference workshops at the 2015 CSTE Annual Conference including Keeping it Real Use of EPHT for broader application, including enhancing situational awareness o National Violent Death Reporting System Surveillance Academy o Estimating the Probability of Arsenic Occurrence in Private Wells in the US o Occupational Health Building Bridges with Community Partners and Beyond o Using SaTScan for Cluster Identification Facilitated approval for a CSTE position statement, called Public Health Reporting and National Notification for Elevated Blood Lead Levels D Infectious Disease Epidemiology Steering Committee Coordinated Ebola response activities among CSTE members with CDC, public health organizations, and other relevant partners Supported four epidemiologists to go to non-Ebola affected regions in West Africa (in partnership with the CDC Foundation) and seven epidemiologists to Ebola-affected regions in early 2015 CSTE will send up to 40 additional epidemiologists to Ebola-affected countries in West Africa by June 2016 Continued as co-chair for the Council for Improvement of Foodborne Outbreak Response (CIFOR) Completed and distributed the second edition of the CIFOR Guidelines for Foodborne Disease Outbreak Response Toolkit State implementation trainings and webinars will begin in late 2015 Partnered with CDC and APHL to host joint PulseNet/OutbreakNet Regional Meetings (New Orleans, LA, San Diego, CA, Chicago, IL, and Baltimore, MD) These regional meetings were a platform for exchanging knowledge and expertise on emerging topics such as advanced molecular detection (AMD), discussing surveillance for, detection of, and response to enteric diseases and building collaborations Provided 23 SAS e-learning training courses to HIV/AIDS surveillance coordinators and participated in three peer-to-peer consultations for new and less established coordinators Continued to support influenza surveillance at multiple sites through three projects the Influenza Hospitalization Surveillance Project (IHSP), Influenza Incidence Surveillance Project (IISP), and Severe Acute Respiratory Infections (SARI) project Supported six sites to promote One Health initiatives by educating youth on the epidemiology, prevention, and control of zoonotic diseases with public health impact Partnered with the Ohio State University to perform testing of swine respiratory specimens, which will provide data to develop evidence-based recommendations to prevent swine-to-human transmission of the influenza A virus occurring at agricultural fairs and livestock exhibitions Partnered with the Massachusetts Department of Public Health Health Laboratories to compare the performance of an AMD-sequencing-based approach to currently used and validated CDC methods Led several international influenza surveillance reviews through deployment of CSTE consultants to locations including Peru, Ukraine, Mali, Cambodia, and Laos Continued to serve as a project partner in Flu on Call, a CDC led initiative to establish a national network of triage lines in the event of a severe influenza pandemic, using existing networks and infrastructure Convened a workgroup of CSTE members from the Public Health Law and Emergency Prepar

Return Reference	Explanation	
	Form 990 Part III Line 4d (continued)	edness Subcommittees to provide input on the development of a generic memorandum of unders tanding template for Flu on Call partners This memorandum is to serve as an example for c ontractual arrangements betw een health departments and poison centers and 2-1-1 call cente rs during an influenza pandemic Participated as a project partner in the Flu on Call Simu lation in September 2015 to test the capability of the Flu on Call netw ork using actor cal lers, and to increase readiness of 2-1-1 centers and poison centers to provide information and clinical advice to callers during a severe pandemic Convened the Hepatitis C Taskfor ce to assess current surveillance capacity for Hepatitis C in the United States and develo ped the Hepatitis C Subcommittee Supported the National Association of Public Health Vete rinarians (NASPHV) Animal Contact Compendium Developed a toolkit through the HAI Data Ana lysis and Presentation Standardization (DAPS) w orkgroup that describes best practices and recommended methods for presenting HAI data The DAPS w orkgroup w as formed follow ing CSTE position statement 13-ID-02, w hich highlights the need for guidelines in the current pract ice of public reporting of HAI data Hosted 2015 CSTE Annual Conference Infectious Disease Steering Committee preconference w orkshops o GIS for Vectorborne Disease Surveillance o Improving Food Safety through Advanced Molecular Detection Whole Genome Sequencing and th e Future of Foodborne Disease Outbreak Investigations o NASPHV Annual Business Meeting o N ational Meeting of Influenza Surveillance Coordinators o Dive In Crosscutting Collaborati on to Prevent and Respond to Waterborne Disease Events o Healthcare-Associated Infections Workshop o Lessons Learned During Legionellosis Outbreaks and Development of Best Practice s for Investigation Submitted formal feedback regarding o CMS-1628-P Medicare and Medicai d Programs Proposed Rule End-Stage Renal Disease Prospective Payment System and Quality I ncentive Program o CMS-3260-P Medicare and Medicaid Programs Proposed Rule Reform of Requ irements for Long-Term Care Facilities Developed and convened w ebinars to improve infectio us disease epidemiology capacity o Optimizing Infectious Disease Surveillance o Malaria P revention, Diagnosis, Treatment, and Surveillance in the US o Tickborne Disease in the US o Integrated Food Safety Centers of Excellence o State Innovations in Active Monitoring o Risk Communications (Vectorborne Diseases) o Metrics and Performance Measures for Foodborn e Disease Surveillance Approved CSTE position statements w ithin the CSTE Infectious Disea se Steering Committee at the 2015 CSTE Annual Conference Business Meeting o Standardized Case Definitions for Acute Flaccid Myleitis o Recommendations for Strengthening Antimicrob ial Stew ardship in Veterinary Medicine and Animal Agriculture o Revision of the Case Defin ition of Hepatitis C for National Notification o Recommendations for Surveillance and Repo rting of Healthcare Associated Infections in Long-Term Care Facilities o Standardized Defi nition for Carbapenem-Resistant Enterobacteriaceae (CRE) and Recommendation for Sub-Classi fication and Stratified Reporting E Surveillance and Informatics Steering Committee Appr oved the position statement 15-EB-01, Common Data Structure for National Notifiable Diseas es, w hich requests by the end of the Healthy People 2020 cycle, a single harmonized and st andardized data structure, vocabulary, format, and electronic transmission process w ill be implemented by CDC for all nationally notifiable diseases It further requests that alter native file formats and submission processes w ill be eliminated and legacy systems systems retired

Return Reference	Explanation
Form 990 Part III Line 4d (continued)	Continued support and partnership with CDC and the Association of Public Health Laboratories (APHL) in the National NotifiableDiseases Surveillance System (NNDSS) Modernization Initiative (NMI) Supported CDC Message Mapping Guide Development through comments and CSTE-hosted webinars Supported crosscutting surveillance webinars in addition to webinars on the NMI project and orientation for pilot jurisdictions Partnered with CDC in a project to demonstrate the feasibility of the Reportable Conditions Knowledge Management system (RCKMS) for use in electronic case reporting Partnered with the International Society for Disease Surveillance (ISDS) to address the codeset transition from ICD-9 to ICD-10 Activities included webinars, a working group that developed consensus on the mappings of ICD-9 to ICD-10, and updated syndrome definitions for BioSense using ICD-10 codes Partnered with the National Association for Public Health Statistics and Information Systems (NAPHSIS) to create a guidance document for medical examiners/ coroners to certify deaths as disaster-related Convened a two-day summit in partnership with NAPHSIS and CDC on using electronic death registration systems (EDRS) for real-time disaster mortality surveillance Supported liaison activities, including JPHIT, the Public Health Community Platform Steering Committee, the National Electronic Disease Surveillance System Base System User Group, and the BioSense Governance Group Submitted formal feedback on o CMS Medicare and Medicaid Meaningful Use Stage 3 notice of proposed rulemaking (NPRM) o CMS Modifications to Meaningful Use in 2015-2017 NPRM o Office of the National Coordinator for Health Information Technology (ONC) 2015 Edition Health IT Certification NPRM o Federal Health IT Strategic Plan 2015-2020 o ONC Interoperability Roadmap Convened leaders in the field of surveillance and informatics at the 2015 Surveillance Summit and the CSTE Initial Case Report Meeting Hosted a preconference workshop at 2015 CSTE Annual Conference, Forging an Improved Pubic Health Surveillance Supply Chain

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

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

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

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

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

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

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

Return Reference	Explanation
Form 990, Part IX, line 11g	Other Consultants & Contracts 569,523 Conference Services 120,907 Member Education 45,000 Logo Design 9,500 Strengthen Electronic Death Registration System 188,100 Develop RCKMS Open CDS Application 147,895 APHIF Class II Extension Support 172,427 MCH Capacity, Policy and Programs 166,017 NNDSS Modernization $565,959, 565,959