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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

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 $ 16,319,246

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 2015 (Part V, line 2a)	**5**	39
6	Total number of volunteers (estimate if necessary)	**6**	900
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,897
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,786,881	15,334,021
9	Program service revenue (Part VIII, line 2g)	910,801	969,517
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,979	11,811
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,377	3,897
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,701,038	16,319,246

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,085,559	6,742,061
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)	2,806,425	3,364,471
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)	4,617,173	5,866,476
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,509,157	15,973,008
19	Revenue less expenses Subtract line 18 from line 12	191,881	346,238

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,905,098	3,440,692
21	Total liabilities (Part X, line 26)	1,493,637	1,666,751
22	Net assets or fund balances Subtract line 21 from line 20	1,411,461	1,773,941

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

****** 2017-08-15
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	2017-08-15		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 OCSTE promotes the effective use of epidemiologic data to guide public health practice and improve health CSTE accomplishes this by supporting the use of effective public health surveillance and good epidemiologic practice through training, capacity development, peer consultation, developing standards for practice, and advocating for resources and scientifically based policy

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

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

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

If "Yes," describe these changes on Schedule O

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

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

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

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

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

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *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	66		
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	39		
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				0	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 H	8 00	X						0	0	0
(13) Robert Graff PHD Chronic Disease/Maternal & Child Health/Oral Healt	3 00	X						0	0	0
(14) Jeffrey P Engel MD Executive Director	40 00			X				214,063	0	35,906

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) Beverly M Christner Director of Operations	40 00					X		119,772	0	0
(16) LaKesha Robinson Chief, Planning & Grants M	24 30					X		123,271	0	0
(17) MarySue Shulin Business Manager	40 00					X		100,324	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								557,430	0	35,906

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 ▶ 4

			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
Northrop Grumman PO Box 88830 CHicago, IL 60695	Marketing	253,699
DRA CRT Properties 220E 42nd St 27th Floor New York, NY 10017	Property Rental	241,137
Catherine Staes, 4335 SPin Oak Street Salt Lake CIty, UT 84124	Consulting	135,732

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 ▶ 3

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	15,330,938			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,083			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		15,334,021			
Program Service Revenue		Business Code				
	2a Annual Meetings	611430	810,891	808,129		2,762
	b Member Fees	611430	158,626	158,626		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		969,517			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,811			11,811
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Job Postings	541800	2,725		2,725	
	b Book Sales	511130	489		489	
	c Mailing List Sales	511140	350		350	
	d All other revenue		333		333	
	e **Total.** Add lines 11a–11d		3,897			
	12 **Total revenue.** See Instructions		16,319,246	966,755	3,897	14,573

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	2,180,759			
2 Grants and other assistance to domestic individuals See Part IV, line 22	4,561,302			
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	267,915			
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	2,280,411			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,806			
9 Other employee benefits	505,837			
10 Payroll taxes	175,502			
11 Fees for services (non-employees)				
a Management				
b Legal	28,529			
c Accounting	12,950			
d Lobbying	50,000			
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)	1,131,138			
12 Advertising and promotion				
13 Office expenses	323,775			
14 Information technology	279,952			
15 Royalties				
16 Occupancy	230,955			
17 Travel	2,334,282			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	212,871			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,488			
23 Insurance	13,225			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Development and Impleme	703,699			
b Conversion of ICD-9 Cod	122,500			
c Build EPI Capacity and	109,699			
d Develop Mobile Behavior	87,174			
e All other expenses	188,239			
25 **Total functional expenses.** Add lines 1 through 24e	15,973,008			
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	1,826,699	2	2,339,761
	3	Pledges and grants receivable, net	810,690	3	406,331
	4	Accounts receivable, net	88,165	4	248,293
	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	77	7	818
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	134,807	9	284,268
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 352,060			
	b	Less accumulated depreciation — 10b: 207,462	27,998	10c	144,598
	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	16,562	15	16,523
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,905,098	16	3,440,692
Liabilities	17	Accounts payable and accrued expenses	1,385,115	17	1,575,516
	18	Grants payable		18	
	19	Deferred revenue	55,952	19	57,649
	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	52,570	25	33,586
	26	**Total liabilities.** Add lines 17 through 25	1,493,637	26	1,666,751
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	1,409,519	27	1,770,858
	28	Temporarily restricted net assets	1,942	28	3,083
	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	1,411,461	33	1,773,941
	34	Total liabilities and net assets/fund balances	2,905,098	34	3,440,692

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	16,319,246
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,973,008
3	Revenue less expenses Subtract line 2 from line 1	3	346,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,411,461
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	16,242
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,773,941

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	

Additional Data

Software ID:

Software Version:

EIN: 23-7410799

Name: Council of State and Territorial Epidemiologists Inc

Form 990, Part III, Line 4a

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

30 fellows graduated from Class XI of the CDC/CSTE Applied Epidemiology Fellowship (AEF) program with 73 percent remaining in state, local, and federal epidemiology positions

Form 990, Part III, Line 4b

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

2016 new SHINE Fellows placed include 7 Class III HSIP fellows, 9 Class V APHIF fellows, and 21 I-TIPP fellows (including 9 focused on antimicrobial resistance) Project SHINE fellowship graduates included 8 Class II Health Systems Integration Program (HSIP) graduates, 15 Informatics-Training in Place Porgram (I-TIPP) Class II graduates, and 8 Class IV APHIF graduates

Form 990, Part III, Line 4c

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

CSTE 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

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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

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Council of State and Territonal 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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) 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		No

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

1	Dues, assessments and similar amounts from members	1	79,551
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	46,220
b	Carryover from last year	2b	
c	Total	2c	46,220
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	51,708
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	-5,488

Part IV Supplemental Information

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

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Council of State and Territonal Epidemiologists Inc

Employer identification number
23-7410799

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		352,060	207,462	144,598
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				144,598

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
Rent Discount	33,586
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	33,586

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	16,319,246
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	16,319,246
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	16,319,246

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

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

1	Total expenses and losses per audited financial statements			1	15,956,766
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	-16,242		
e	Add lines **2a** through **2d**			2e	-16,242
3	Subtract line **2e** from line **1**			3	15,973,008
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	15,973,008

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-7410799

Name: Council of State and Territorial Epidemiologists Inc

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Organization accounts for uncertain tax positions in accordance with accounting standards that provide guidance on when uncertain tax positions are recognized in an entity's financial statements and how the values of these positions are determined No liability has been recorded as of September 30, 2016 or 2015 due to uncertain tax positions

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Refunds of Grants paid in prior years -16,242

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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

2015

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 - Angola, Benin, Botswana, Burkina Faso,	0	0	Program Services	Aid Ebola Surveillance Efforts	505,541
(2)	Europe (Including Iceland & Greenland)	0	0	Program Services	Flu Surveillance	1,660
(3)	South America	0	0	Program services	Influenza Review	2,493
(4)						
(5)						
3a	Sub-total	0	0			509,694
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			509,694

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 w ere documented w ith 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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Council of State and Territorial Epidemiologists Inc

Employer identification number
23-7410799

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 33

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CSTE/CDC Applied Epidemiology Fellowship		2,324,133			
(2) APH Informatics Fellowship		622,096			
(3) Health Systems Integration Program Fellowship		616,326			
(4) Contract Program services		564,940			
(5) Other		433,807			

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Minnesota Department of Health PO Box 64975 St Paul, MN 55164			520,000				IISP YR8
Ohio Department of Health PO Box 15278 Columbus, OH 43215			230,147				IHSP YR6-8
Michigan Dept of Health and Human Service PO Box 30437 Lansing, MI 48909			228,959				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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
New York City Dept of Health & Mental H 28th Street CN48 Long Island City, NY 11101			104,500				IISP YR6-8
Florida State of Department of Health 4052 Bald Cypress Way Tallahassee, FL 32399			97,500				IISP YR7
Los Angeles County Department of Health 5555 ferguson Dr Room 100 City of Commerce, CA 90022			93,750				IHSP YR7

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
New Jersey Department of Health 135 E State Street Trenton, NJ 08625			86,250				One Health PHASE 1 AND 2
North Dakota Dept of Health 600 E Boulevard Ave Bismarck, ND 58505			78,361				IISP YR7-8
Texas Department of State Health Services 5425 Polk St Houston, TX 77023			71,300				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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ohio State University 1960 Kenny Rd Columbus,OH 43215			63,529				SWINE FLUE
Iowa Department of Public Health 321 E 12th Street Des Moines,IA 50319			37,500				IISP ED YT YR2
Arizona Department of Health Services 150 North 18th Ave Suite 280 Phoenix,AR 85007			25,000				One Health Phase 1 & 2

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Florida State of Department of Health 4052 Bald Cypress Way Tallahassee, FL 32399			21,667				IISP YR6
Colorado Dept of Public Hlth & Environmen 4300 Cherry Creek Dr South Denver, CO 80246			21,127				Data Instruments
Iowa Department of Public Health 321 E 12th Street Des Moines, IA 50319			18,750				IISP Ed Yt YR2

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Georgia Department of Public Health 2 Peachtree St SW Atlanta, GA 30303			18,745				IISP YR8
Florida State of Department of Health 4052 Bald Cypress Way Tallahassee, FL 32399			18,250				IHSP YR8
Seattle-King County Dept of Public Health 56 S Lucile St Seattle, WA 98134			12,954				Life Expectancy

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Idaho Department of Health & Welfare 450 West State Street 9th FL Boise, ID 83720			8,900				ERHMS
Georgia Department of Public Health 2 Peachtree St SW Atlanta, GA 30303			8,349				ERHMS
Wisconsin State of PO Box 1668 Madison, WI 53701			8,349				ERMHS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Public Health Foundation Enter 12801 Crossroads Pkwy South City of Industry, CA 91746			7,500				CIFOR Toolkit Training
Health Research Inc Riverview Center 150 Broadway Ste 560 Menands, NY 12206			7,500				CIFOR Toolkit Training
Kentucky State of Treasurer 275 E Main St Frankfort, KY 40621			7,500				CIFOR Toolkit Training

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Nebraska State of Dept of HHS PO Box 95026 Lincoln, NE 68509			7,500				CIFOR Toolkit Training
Nevada Dept of Human Resources 4126 Technology Way Ste 200 Carson City, NV 89706			7,500				CIFOR Toolkit Training
Philadelphia PA Department of Health 1101 Market St 10th FL Philadelphia, PA 19107			7,500				CIFOR Toolkit Training

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Idaho Department of Health & Welfare 450 West State Street 9th FL Boise, ID 83720			7,498				CIFOR Toolkit Training
Alabama Dept of Health 201 Monroe Street Suite 1460 Montgomery, AL 31504			7,443				CIFOR Toolkit Training
Washington State Department of HItH 1610 NE 150th Shoreline Street Shoreline, WA 98155			7,371				CIFOR Toolkit Training

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Public Health Institue of Metro Chicago 180 N Michigan Suite 1200 Chicago,IL 60601			5,000				CIFOR Toolkit Training
Los Angeles County Department of Health 5555 ferguson Dr Room 100 City of Commerce,CA 90022			5,000				CIFOR Toolkit Training
Toledo Lucas Co Regional Health District 635 N Eric Street Toledo,OH 43604			5,000				CIFOR Toolkit Training

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Council of State and Territonal 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 on 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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Jeffrey P Engel MD Executive Director	(i)	214,063	0	0	13,000	22,906	249,969	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

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d	A) Chronic Disease, Maternal and Child Health and Oral Health 1) Distributed a training plan to build capacity in Oral Health Epidemiology Enhancing Oral Health Epidemiology Capacity A Three-Year Training Plan 2) Continued the funding relationship with AMCHP and WESTAT to further enhance CD and MCH epidemiology capacity 3) In partnership with CDC, CSTE will provide funding in early 2017 for eligible jurisdictions to implement a 12-question Marijuana Supplement within the CDC PRAMS assessment 4) In partnership with a consultant, the Chronic Disease Subcommittee developed a Chronic Disease Epidemiology Capacity-Building Plan that prioritized and recommended potential action items from the 2013 ECA for CD/MCH/OH 5) Provided technical assistance to ASTHO to support select states in bridging the gap in breast cancer disparities by improving their use of breast cancer data 6) Workgroup activities The 1305 workgroup developed materials to provide states with resources and strategies in order to meet reporting and other requirements Convened a workgroup to provide suggestions for incorporating epidemiology and surveillance in future CDC chronic disease FOAs Convened a BRFSS Workgroup to recommend actions to address BRFSS issues including funding decreases and the need for innovative survey methods 7) Hosted preconference workshops at the 2016 CSTE Annual Conference Expanding our Focus Emerging Methods to Incorporate Populations Where is the Burden and What Does it Cost? Advanced Methods Using GIS and Tools for Applied Health Economics B) Cross Cutting Steering Committee (Including Fellow ship and Workforce Development) 1) Conducted a comprehensive needs assessment about state, tribal, local and territorial capacity, interest and training needs related to Epi Info future development 2) Partnered with CDC to convene an Epi Info Train the Trainer Workshop at CDC in March 2016 for 14 participants 3) The Tribal Epidemiology Subcommittee Submitted an article to the Journal of Health Disparities Research and Practice using the data from the state health department and Tribal Epidemiology Center date sharing assessments "Data Sharing for Public Health Surveillance of American Indian and Alaska Native Populations "

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d (continued)	4) Developed a toolkit of resources for epidemiologists working with tribal health data 5) Continued development of the Binational Toolkit, a reference document aimed at assisting epidemiologists navigate binational cases and public health events of international significance 6) Convened the Substance Abuse and Mental Health Indicator Development Meeting in collaboration with SAMHSA to finalize a consensus list of public health surveillance indicators in the domains of Substance Abuse and Mental Health 7) Published and distributed the whitepaper, CSTE Recommended Indicators for Substance Abuse and Mental Health 8) Developed and distributed How-to-Guides, one for tracking Hospitalizations Attributable to Drugs with Potential for Abuse and Dependency, and one for tracking Hospitalizations Attributable to Alcohol 9) The Overdose subcommittee's work was presented at Safe States conference in May 2016 and at the 12th Annual World Conference on Injury Prevention and Safety Promotion in September 2016 10) Published "Recommendations and Lessons learned for improved reporting of drug overdose deaths on death certificates " 11) Established a Mental Health Workgroup to develop state and local applied public health surveillance capacity in mental health 12) 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 13) Convened the SCALE Fall Meeting on Visualization and Messaging of Life Expectancy Estimates to identify best practices for visualization of local life expectancy estimates and messaging demonstrated effective for raising awareness, catalyzing multi-sector actions and improving public health practice 14) Barriers and Facilitators to Scientific Writing Among Applied Epidemiologists was published in the Journal of Public Health Management and Practice (September 2016 Issue) on the recent report of Applied Epidemiology Scientific Writing Capacity Trends, Needs and Recommendations 2014 15) Provided technical expertise to public health associations, such as ASTHO, PHII, NACCHO, APHL and CDC in the form of our CSTE member consultancies 16) 2016 CSTE Position Statements 16-CC-01 "Use of Area-based Socioeconomic Status to Generate National Data on Health Outcomes with Proposed Health People 2030 Objectives for Which Individual Socioeconomic Status Data are Not Routinely Collected 16-CC-02 "Recommendations for strengthening surveillance and research of marijuana and health outcomes in the United States " 17) Hosted preconference workshops at the 2016 CSTE Annual Conference Data Driven Community Health Assessment and Improvement EpiInfo A Users Workshop Applied surveillance of substance use disorders lessons from the field 18) Hosted webinars related to public health workforce and crosscutting issues Optimizing Infectious Disease Surveillance Social Determinants of Low Birth Weight Lessons Learn

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d (continued)	ed in Spatial Analysis of Sub-County Health Outcomes Applied Epidemiology Scientific Writing Trends, Needs, and Recommendations 2014 Optimizing and Designing Multi-Objective Surveillance Systems The Use of Alternate Data Sources for Public Health Data Analysis and Validation The Consequences of Opioid Prescribing The Guide to Community Preventive Services Reviews and Recommendations for Population-based Interventions to Improve Health

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d (continued)	C) Environment Health, Occupational Health & Injury Epidemiology Steering Committee 1) CST E has received new funding on activities for Implementation and Testing of Proposed ICD10- CM Injury Framew orks and the Development and Implementation of an ICD10-CM Validation Data set The CSTE Injury ICD10-CM Transition Workgroup w ill convene a kickoff meeting in Novem ber 17-18 in Atlanta, GA CSTE is w orking w ith a consultant, w orkgroup members, and CDC to develop the relevant guidance documents, case, definition reports, and validated dataset for the activities 2) Coordinated w ith the CDC National Center for Injury Prevention and Control (NCIPC) to host Special Emphasis Report (SER) materials on the CSTE w ebsite These SER materials are tools for states and other jurisdictions to produce templated fact shee ts on injury topics using their ow n data w ith the goal of moving data to action SER topic s include Traumatic Brain Injury, Infant and Early Childhood Injury and Drug Overdose Dea ths 3) Highlighted and generated state occupational health success stories on the CSTE w e bsite 4) Maintained 23 occupational health indicators for surveillance w ith an annually u pdated guidance document and posted state-provided data on the CSTE w ebsite Developed a n ew guidance document for substate-level measures analysis 5) Received a new renew al of th e conference grant aw ard to support 2016-2020 WestON meetings under a collaboration-focuse d NIOSH PAR 6) The 9th Annual Western States Occupational Netw ork (WestON) Meeting w as co nvened to support w estern states and academic centers on September 29-30, 2016 in Denver, CO 7) The 5th Annual Southeastern States Occupational Netw ork (SouthON) Meeting w as conve ned on March 8-9 2016 in New Orleans This is the first meeting to be convened under the n ew ly received NIOSH conference aw ard for CSTE to support 2016-2020 SouthON meetings 8) Co llaborated w ith the Association of Occupational and Environmental Clinics (AOEC) Occupatio nal Health Internship Program (OHIP) to fund tw o students for a nine-w eek summer internshi p (June-August 2016) in occupational health 9) The OH Subcommittee submitted comments via the CSTE vote on the HL7 CDA R2 Implementations Guide for Public Health Case Reporting Ba llot Comments w ere discussed at the HL7 meeting in January 2016 and addressed through the w eekly HL7 PHER Workgroup calls Occupation is a minimum data element for electronic init ial case reporting, and industry and other w ork-related variables w ill be considered in th e future 10) Distributed a press release in May supporting OSHA's new rule on tracking w o rkplace injuries and illnesses 11) Authored a letter to the American College of Surgeons w ho administers the National Trauma Data Standard to call for the reinsertion of Workers' Compensation as a payer source field option 12) Authored a letter to CDC/NCHS regarding t he redesign of the injury module questions in the National Health Interview Survey (NHIS), w hich included a proposal to

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d (continued)	remove key questions related to injury and occupational health (OH) surveillance in consul tation w ith NCHS and NIOSH 13) Continued discussions, progress, and follow -up w ith CDC, N IOSH and BLS regarding 2014 CSTE position statement 14-OH-02, Inclusion of Work Informatio n Elements in CDC Surveillance Systems, and 14-OH-01, Access to Census of Fatal Occupation al Injuries Case-Level Data for Public Health Purposes 14) Convened an OH Workgroup Meeti ng on April 18-19 in DC on "The Role of the State and Local Public Health Programs in a 21 st Century Surveillance System for Occupational Safety and Health" w ith representatives fr om 12 states, NIOSH, BLS, and OSHA 15) Hosted the 7th Annual National Disaster Epidemiolo gy Workshop in collaboration w ith CDC, the National Association for County and City Health Officials (NACCHO), and the Safe States Alliance The w orkshop w as focused on the interse ction of climate change and disaster epidemiology 16) The Asthma and Allergy Workgroup co nvened the second CSTE Pollen Summit in Atlanta, GA on February 17-18 2016 17) The Asthma and Allergy Workgroup launched an assessment in January 2016 to identify state and local h ealth agencies that are performing pollen counts 18) Partnered w ith CDC to host three dis aster epidemiology regional trainings w ithin the past year w hich trained over 220 people The trainings w ere held in Bloomington, IL (November 2015), Lexington, KY (March 2016), an d Phoenix, AZ (April 2016) 19) The Heat Syndrome Workgroup recently submitted a manuscrip t titled Evaluation of a novel syndromic surveillance query for heat-related illness using hospital data from Maricopa County, Arizona to Public Health Reports This w orkgroup also recently finalized a guidance document on implementing heat-related illness syndromic sur veillance in public health practice 20) Convened a w orkgroup to conduct an assessment to describe the current implementation of Electronic Death Registration Systems (EDRS) in sta tes and jurisdictions through documenting the organizational structure, relationship, and interaction betw een epidemiology, disaster preparedness staff, vital registrars, and death certifiers (providers, medical examiners, coroners) in each state and jurisdiction 21) C onvened a w orkgroup to develop a guidance document for using syndromic surveillance system s for climate-related illness/conditions/deaths 22) 2016 CSTE Position Statements 16-EH- 01 "Developing a National Aeroallergen Tracking Netw ork" 16-EH-02 "Standard Measures to Id entify and Track Racial Disparities in Childhood Asthma" 23) Hosted preconference w orkshop s at the 2016 CSTE Annual Conference Climate and Public Health An Interdisciplinary One Health Approach w ith a focus on Alaska The Reality of Working in Occupational Health and S afety Surveillance 24) Developed and convened w ebinars to support environmental and occupa tional health epidemiology Utilizing Syndromic Surveillance to Monitor Carbon Monoxide Ex posures/Poisonings Follow ing W

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d (continued)	eather Related Events on December 1 Overview of the US Global Change Research Program Climate and Health Assessment EPA's Environmental Justice Research Roadmap and Interagency Efforts on Climate Justice Public Health and Behavioral Health Response to a Mass Shooting

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d (continued)	D) Infectious Disease Epidemiology Steering Committee 1) Coordinated Ebola and Zika respon se activities among CSTE members w ith CDC and other partners 2) Supported 33 deployments of epidemiologists to West Africa from August 2015 through December 2016 (expected) for a total of 1,520 deployment days 3) CSTE w ill support at least five deployments to Puerto R ico for Zika response efforts through 2016 Additional deployments are expected to continu e in 2017 4) Continued as co-chair for the Council for Improvement of Foodborne Outbreak Response (CIFOR) 5) Administered CIFOR Guidelines and Toolkit implementation training gra nts to 15 jurisdictions in 2016 6) Convened CIFOR w orkgroup to develop guidance for foodb orne illness complaint-based systems 7) Partnering w ith CDC and APHL to host joint PulseN et/OutbreakNet Regional Meetings in 2016-2017 These regional meetings provide a platform for exchanging know ledge and expertise on emerging topics such as advanced molecular detec tion (AMD), discussing surveillance for, detection of, and response to enteric diseases an d building collaborations 8) Provided 20 SAS e-learning training courses to HIV/AIDS surv eillance coordinators and conducted one peer-to-peer consultation for a new HIV surveillan ce coordinator 9) Supported an in-person meeting to update the National Association of Pu blic Health Veterinarians (NASPHV) Animal Contact Compendium, w ith a pre-meeting scoping s ession to discuss guidance for non-traditional pets 10) In collaboration w ith CDC, establ ished a netw ork of STD Surveillance Coordinators that meet quarterly by phone, and convene d an in-person meeting of the STD Surveillance Coordinators at the 2016 STD Prevention Con ference in Atlanta, GA 11) Expanded the scope of the CSTE Influenza and Viral Respiratory Diseases Subcommittee (formerly CSTE Influenza Subcommittee) to address existing and emer ging viral respiratory diseases of public health concern 12) Continued to support influen za surveillance at multiple sites through three projects the Influenza Hospitalization Su rveillance Project (IHSP), Influenza Incidence Surveillance Project (IISP), and Severe Acu te Respiratory Infections (SARI) project 13) Continued to promote One Health initiatives and zoonotic disease education in five sites through a second phase of the Influenza Educa tion Among Youth in Agriculture Pilot Project 14) Partnered w ith the Minnesota Department of Health - Public Health Laboratory to develop and expand viral genome sequencing throug h the Advanced Molecular Detection (AMD) and Response to Infectious Disease Outbreaks Init iative for more accurate, timely and comprehensive diagnostic testing for respiratory viru ses 15) Led several international influenza surveillance review s through deployment of CS TE consultants to locations including Tanzania, Uganda, and Mexico 16) Continued to serve as a project partner in Flu on Call , a CDC led initiative to establish a national netw or k of triage lines in the event

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d (continued)	of a severe influenza pandemic, using existing netw orks and infrastructure 17) Convened three w orkgroups to focus on specific areas of interest related to influenza and respirato ry disease surveillance Influenza and ILI Surveillance Methods, RSV Surveillance, and Nov el Influenza Planning 18) CSTE, in partnership w ith ASTHO and funded by CDC, established the Council for Outbreak Response Healthcare-Associated Infections and Antibiotic Resista nt Pathogens to improve practices and policies at the local, state and national levels for detection, investigation, control and prevention of HAI/AR outbreaks across the healthcar e continuum 19) Developed the CDC/CSTE Antimicrobial Resistance Surveillance Taskforce to identify, develop, and put into practice scientific, technical, and policy solutions need ed to strengthen AR surveillance in the United States 20) Developed the drug diversion w o rkgroup to address current issues and possible solutions regarding a data drive public hea lth response to drug diversion incidents 21) Developed the Assessment of HAI Resources an d Capacity Infection Prevention and Drug Diversion to better understand healthcare-associ ated infection (HAI) programs' infection prevention and control and drug diversion investi gation resources, capacity, and experience 22) Conducted the CRE Surveillance Assessment to determine the status of surveillance for Carbapenem-resistant Enterobacteriaceae (CRE) w ithin states 23) Submitted formal feedback regarding Comment on the Proposed Rule End- Stage Renal Disease Prospective Payment System and Quality Incentive Program [CMS-1651-P] The Hepatitis C Subcommittee responded to a stakeholder request for information (RFI) on u pdating the Viral Hepatitis Action Plan CDC-2016-0068 Proposed Quarantine Rule Control of Communicable Diseases 24) 2016 CSTE Position Statements 16-ID-01 "Zika Virus Disease and Zika Virus Infection Without Disease, Including Congenital Infections Case Definitions an d Addition to the Nationally Notifiable Diseases List" 16-ID-02 "Standardized Surveillance Case Definition for Histoplasmosis" 16-ID-03 "Public Health Reporting and National Notifi cation for Salmonellosis (Non-typhoidal)" 16-ID-04 "Public Health Reporting and National N otification for Shigellosis" 16-ID-05 "Public Health Reporting and National Notification f or Vibriosis" 16-ID-06 "Public Health Reporting and National Notification of Perinatal Hep atitis B Virus Infection" 16-ID-08 "Revision of the Standardized Case Definition for Invas ive Pneumococcal (Streptococcus pneumoniae) Disease or IPD" 16-ID-09 "Interfacility Commun ication to Prevent and Control Healthcare-Associated Infections and Antimicrobial Resistan t Pathogens across Healthcare Settings" 16-ID-10 "A Modification of the Exposure Criteria Used as Part of the Case Definition to Help Classify Cases of Lyme Disease" 16-ID-11 "Revi sion of the Standardized Case Definition for Tularemia (Francisella tularensis)" 16-ID-12 "Public Health Reporting and S

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d (continued)	tandardized Surveillance for Free-living Amebae Infections, including Acanthamoeba Disease , Balamuthia mandrillaris Disease, and Naegleria fowleri Causing Primary Amebic Meningoencephalitis" 25) Hosted preconference workshops at the 2016 CSTE Annual Conference National Association of State Public Health Veterinarians (NASPHV) Annual Business Meeting Improving Food Safety through Advanced Molecular Detection Update on Whole Genome Sequencing's Role in Foodborne Disease Outbreak Investigations Palantir System for Enteric Disease Response, Investigation, and Coordination (SEDRIC) Training National Meeting of Influenza Surveillance Coordinators Healthcare Associated Infections (HAI) Prevention Workshop 26) Developed and convened webinars to improve infectious disease epidemiology capacity Dengue in the United States Where are we and what's next? Tick Ecology for Epidemiologists Protecting Public Health by Limiting Influenza A Virus Spread In Pigs at Agriculture Fairs CIFOR Guidelines and Toolkit Implementation Webinar for Decision Makers CIFOR Guidelines and Toolkit Implementation Webinar for Public Health Professionals E) Surveillance and Informatics Steering Committ 1) Hosted the 2015 CSTE Surveillance Summit in November 2015 to strengthen CDC and CSTE collaboration and partnership to advance surveillance initiatives, to identify future strategies and collaborations to further those initiatives, and to identify and prioritize actions for CSTE and partners to advance electronic case reporting (eCR) 2) Continued partnership with CDC and the Association of Public Health Laboratories (APHL) to support the NNDSS Modernization Initiative technical assistance (TA) project Developed evaluation tools to determine effectiveness of technical assistance and to measure the costs to implement updated message mapping guides (MMGs) Presented evaluation plan and preliminary cost/effort data at the 2016 Public Health Informatics Conference 3) Supported CDC MMG development through CSTE-hosted webinars and comments 4) Continued the activities of the CSTE electronic initial case report (eICR) Task Force to identify and define the minimum data elements to be included in an eICR message sent from an electronic health record (EHR) system to public health 5) Supported the development and balloting of the HL7 CDA R2 Implementation Guide Public Health Case Report, Release 2 Commented and voted on that ballot, and subsequently helped reconcile comments and finalize the guide HL7 utilized the recommendations developed by the CSTE electronic initial case report (eICR) Task Force from August 2015 that identified and defined the minimum data elements to be included in an eICR message sent from an electronic health record (EHR) system to public health

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d (continued)	6) Completed Phase II of the Reportable Conditions Know ledge Management System (RCKMS) Project, w hich included building a know ledge repository for public health and reporters to access information on reporting specifications and a decision support tool to determine the reportability of Partnered w ith HLN Consulting to develop an initial release of the RCKMS decision support tool and jurisdictional user-facing authoring interface Demonstrated the tool at the 2016 CSTE Annual Conference and conducted an RCKMS Focus Group at the 2016 Public Health Informatics Conference in August 2016 Through a partnership w ith APHL, deployed the RCKMS decision support tool on the AIMS Platform Finalized the first round of default content development and vetting for 74 notifiable conditions by translating jurisdiction reporting specifications into machine-processable formats to be used by the RCKMS decision support tool Default content consists of reporting criteria, rules logic, and value sets, and w as pre-populated into authoring interface 7) Supported the International Society for Disease Surveillance (ISDS) efforts to develop ICD-9 to ICD-10 codeset consensus mappings in order to assist public health in converting betw een ICD-9-CM and ICD-10-CM 8) Partnered w ith National Association for Public Health Statistics and Information Systems (NAPHSIS) to develop an electronic assessment of the feasibility and utility of electronic death registration systems (EDRS) for surveillance from epidemiology and vital statistics perspectives 9) Conducted the 2015 State Reportable Conditions Assessment (SRCA) w ith 100% response rate Pilot tested the 2016 SRCA in order to launch nationw ide in w inter 2016/2017 10) Submitted formal feedback to HHS on the Notice of Proposed Rulemaking for the Federal Policy for the Protection of Human Subjects (Common Rule) 11) Developed documentation of common steps and definitions for establishing electronic laboratory reporting (ELR) and onboarding ELR partners 12) 2016 Position Statements 16-SI-01 Surveillance Indicators for Substance Abuse and Mental Health 16-SI-02 Electronic Case Reporting (eCR) 16-SI-03 Veterans Health Administration Reporting of Diseases, Conditions, and Outbreaks to Local and State Public Health Authorities 13) Hosted preconference w orkshops at the 2016 CSTE Annual Conference Electronic Case Reporting The Surveillance Gold Rush 14) Supported liaison activities, including the Joint Public Health Informatics Institute (JPHIT), the Digital Bridge, the National Electronic Disease Surveillance System (NEDSS) Base System User Group, the BioSense Governance Group, NAPHSIS, ISDS, the Association of State and Territorial Health Officials (ASTHO) Informatics Directors Peer Netw ork, HL7 International, and ASTHO's Public Health Community Platform Interim Executive Committee

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Refunded Grants paid in prior years 16,242