

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning **OCT 1, 2016** and ending **SEP 30, 2017**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Council of State and Territorial Epidemiologists, Inc.		D Employer identification number 23-7410799
	Doing business as		E Telephone number (770) 458-3811
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2872 Woodcock Blvd #250	G Gross receipts \$ 18,156,258.	
	City or town, state or province, country, and ZIP or foreign postal code Atlanta, GA 30341		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: Jeffrey P. Engel, MD same as C above		H(c) Group exemption number ▶	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.cste.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1992 M State of legal domicile: GA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 10	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 48	
	6 Total number of volunteers (estimate if necessary)	6 950	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 475.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 15,334,021.	Current Year 17,071,097.
	9 Program service revenue (Part VIII, line 2g)	969,517.	1,062,815.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,811.	8,450.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,897.	13,896.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,319,246.	18,156,258.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		3,364,471.	4,441,674.
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)		5,866,476.	7,900,151.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,973,008.	17,822,923.	
19 Revenue less expenses. Subtract line 18 from line 12	346,238.	333,335.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,440,692.	End of Year 4,314,631.
	21 Total liabilities (Part X, line 26)	1,666,751.	2,146,919.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,773,941.	2,167,712.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date		
	▶ John Lisco, Senior Director of Finance Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Aleisa Howell	Aleisa Howell	04/08/19		P00936721
Firm's name ▶ Mauldin & Jenkins LLC			Firm's EIN ▶ 58-0692043		
Firm's address ▶ 200 Galleria Pkwy SE Ste 1700 Atlanta, GA 30339-5946			Phone no. 770-955-8600		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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 \$)

Fellowships

Applied Epidemiology Fellowship

1) Created in 2003, the Applied Epidemiology Fellowship (AEF) is designed for recent master's or doctoral-level graduates in epidemiology or a related field who are interested in public health practice at the state or local level. The program provides rigorous training and mentorship for its participants while also being flexible to meet the subject area interests of the fellow. Fellows develop a set of core skills through competency-based training.

2) Based on the Epidemic Intelligence Service (EIS) program and using a mentorship model, the fellowship offers a unique opportunity for graduates to develop epidemiologic skills with high quality, on-the-job

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

Project SHINE

As part of a multi-organization partnership, CSTE continued to support fellowship and training opportunities through the Strengthening Health Systems through Interprofessional Education (SHINE) program. The Applied Public Health Informatics Fellowship (APHIF), Informatics Training in Place Program (I-TIPP), and the Health Systems Integration Program (HSIP) provided capacity building opportunities at health departments in health systems, informatics, and epidemiology.

SHINE Fellow Highlights

1) Erica Washington, MPH, a Class IV I-TIPP fellow and HAI Prevention Coordinator at the Louisiana Office of Public Health taught National Health Safety Network Antimicrobial Use and Resistance (AUR) materials

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

Epidemiology Programs & Workforce Development Accomplishments

7/1/16 - 6/30/17

A) Trainings and Resources

1) Partnered with MMWR to provide an Intensive Writing Training which included a webinar series, in-person component and mentorship from experienced writers.

2) Began a mentorship program through the Early Career Professionals Workgroup to build relationships and foster shared learning among applied epidemiologists.

3) Completed the STD Capacity Project to better define and capture both foundational and enhanced surveillance activities across STD surveillance programs in June 2017.

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses

**Council of State and Territorial
Epidemiologists, Inc.**

Part IV Checklist of Required Schedules

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

**Council of State and Territorial
Epidemiologists, Inc.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

**Council of State and Territorial
Epidemiologists, Inc.**

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	10		
b Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a			X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 - 770-458-3811**
2635 Century Parkway NE, Suite 700, Atlanta, GA 30345

**Council of State and Territorial
Epidemiologists, Inc.**

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Joseph McLaughlin Vice President	2.00	X		X			0.	0.	0.	
(2) Barbara Gabella At-large	3.00	X					0.	0.	0.	
(3) Sharon Watkins, PhD Environmental/Occupational	7.00	X					0.	0.	0.	
(4) Sarah Park, MD President-Elect	2.00	X		X			0.	0.	0.	
(5) Richard Danila, PhD, MPH Infectious Disease	5.00	X					0.	0.	0.	
(6) Aaron Fleischauer At-large	3.00	X					0.	0.	0.	
(7) Janet Hamilton President	6.00	X		X			0.	0.	0.	
(8) Marci Layton Secretary-Treas.	4.00	X		X			0.	0.	0.	
(9) Robert Graff, PhD Chronic Disease/Maternal & Child Hea	3.00	X					0.	0.	0.	
(10) Kathryn Turner Director, Surveillance/Informatics	5.00	X					0.	0.	0.	
(11) Jeffrey P. Engel, MD Executive Director	40.00			X			244,864.	0.	34,644.	
(12) John Lisco Senior Director of Finance	40.00			X			160,082.	0.	20,088.	
(13) Beverly Christner Director of Operations	40.00				X		143,645.	0.	27,493.	
(14) LaKeshia Robinson Senior Deputy Director	24.30				X		118,973.	0.	38,422.	
(15) Jennifer Lemmings Senior Director of Programs	40.00				X		106,722.	0.	39,783.	

**Council of State and Territorial
Epidemiologists, Inc.**

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							774,286.	0.	160,430.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							774,286.	0.	160,430.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Northrop Grumman PO Box 88830, Chicago, IL 60695	Marketing	1,449,801.
HLN 72810 Hedgehog St, Palm Desert, CA 92260	Consulting	1,171,351.
Castleton University 62 Alumni Dr, Castleton, VT 05735	Consulting	568,697.
ATPA UOP Investments PO Box 654187, Dallas, TX 75265	Property Rental	274,019.
Catherine Staes, 4335 S.Pin Oak Street, Salt Lake City, UT 84124	Consulting	149,976.

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

**Council of State and Territorial
Epidemiologists, Inc.**

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	17,068,089.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,008.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		17,071,097.			
	Program Service Revenue	2 a Annual Meetings	Business Code 611430	897,417.	894,948.	
b Member Fees		611430	165,398.	165,398.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,062,815.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,450.			8,450.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a 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						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a	a Job Postings	541800	13,326.		0.	13,326.
	b Book Sales	511130	360.		360.	
	c Commissions	511130	115.		115.	
	d All other revenue	518210	95.			95.
	e Total. Add lines 11a-11d		13,896.			
12 Total revenue. See instructions.		18,156,258.	1,060,346.	475.	24,340.	

**Council of State and Territorial
Epidemiologists, Inc.**

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	1,760,915.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,720,183.			
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	382,805.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,050,549.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144,162.			
9 Other employee benefits	629,327.			
10 Payroll taxes	234,831.			
11 Fees for services (non-employees):				
a Management				
b Legal	15,741.			
c Accounting	12,950.			
d Lobbying	50,984.			
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 Sch O.)	1,045,391.			
12 Advertising and promotion				
13 Office expenses	220,467.			
14 Information technology	294,065.			
15 Royalties				
16 Occupancy	264,862.			
17 Travel	2,233,051.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	221,691.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,450.			
23 Insurance	23,639.			
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 <u>Development and Impleme</u>	2,621,152.			
b <u>Develop Mobile Behavior</u>	568,697.			
c <u>Telephone/Webex</u>	143,979.			
d <u>Bank Processing Fees</u>	26,124.			
e All other expenses	91,908.			
25 Total functional expenses. Add lines 1 through 24e	17,822,923.			
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)

**Council of State and Territorial
Epidemiologists, Inc.**

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	2,339,761.	2	2,344,791.	
	3 Pledges and grants receivable, net	406,331.	3	1,393,261.	
	4 Accounts receivable, net	248,293.	4	14,199.	
	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 instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	818.	7	898.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	284,268.	9	401,666.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	416,443.			
	b Less: accumulated depreciation	272,912.			
	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	16,523.	15	16,185.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,440,692.	16	4,314,631.		
Liabilities	17 Accounts payable and accrued expenses	1,575,516.	17	2,068,138.	
	18 Grants payable		18		
	19 Deferred revenue	57,649.	19	62,718.	
	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	33,586.	25	16,063.	
	26 Total liabilities. Add lines 17 through 25	1,666,751.	26	2,146,919.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,770,858.	27	2,167,210.	
	28 Temporarily restricted net assets	3,083.	28	502.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,773,941.	33	2,167,712.		
34 Total liabilities and net assets/fund balances	3,440,692.	34	4,314,631.		

**Council of State and Territorial
Epidemiologists, Inc.**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,156,258.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,822,923.
3	Revenue less expenses. Subtract line 2 from line 1	3	333,335.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,773,941.
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	60,436.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,167,712.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Council of State and Territorial
Epidemiologists, Inc.

Employer identification number

23-7410799

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(6) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Council of State and Territorial Epidemiologists, Inc.	Employer identification number 23-7410799
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 16,586,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 382,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 88,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,177.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Council of State and Territorial Epidemiologists, Inc.	Employer identification number 23-7410799
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization Council of State and Territorial Epidemiologists, Inc.	Employer identification number 23-7410799
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization	Council of State and Territorial Epidemiologists, Inc.	Employer identification number	23-7410799
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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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(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					

Council of State and Territorial

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	80,998.
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	50,356.
b Carryover from last year	2b	
c Total	2c	50,356.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	52,649.
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	-2,293.

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.

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.**

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a 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 Tax 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?

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)?

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 on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		416,443.	272,912.	143,531.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				143,531.

**Council of State and Territorial
Epidemiologists, Inc.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Rent Discount	16,063.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,063.

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	18,156,258.
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	18,156,258.
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	18,156,258.

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	17,762,487.
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	-60,436.	
e	Add lines 2a through 2d		2e	-60,436.
3	Subtract line 2e from line 1		3	17,822,923.
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	17,822,923.

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.

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, 2017 or 2016 due to uncertain tax positions.

Part XII, Line 2d - Other Adjustments:

Refunds of Grants paid in prior years -60,436.

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on 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

2016

Open to Public Inspection

Name of the organization Council of State and Territorial Epidemiologists, Inc.	Employer identification number 23-7410799
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
Europe (Including Iceland & Greenland)	0	0	Program Services	Flu Surveillance	7,148.
Sub-Saharan Africa	0	0	Program Services	Ebola	28,645.
East Asia and the Pacific	0	0	Program Services	Flu Surveillance	1,668.
Central America and the Caribbean	0	0	Program Services	Flu Surveillance	1,750.
Sub-Saharan Africa	0	0	Program Services	Ebola	32,749.
3 a Sub-total	0	0			71,960.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			71,960.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016

Council of State and Territorial
Epidemiologists, Inc.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶ _____

Council of State and Territorial
Epidemiologists, Inc.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

Part I, Line 2:

Expenses were documented with invoices, receipts & signatures.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" 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

2016

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Utah Dept of Health PO Box 144003 Salt Lake City , UT 84114			158,472.	0.			Influenza Hosp
Michigan Dept of Health and Human Serv - PO Box 30437 - Lansing, MI 48909			148,299.	0.			Influenza Hosp YR7
Ohio Dept of Health PO Box 15278 Columbus , OH 43215			134,596.	0.			Influenza Hosp
NYC Dept of Health & Mental Hyg 42-09 28th Street CN48 Long Island, NY 11101			89,165.	0.			Influenza Incidence
Ohio Dept of Health PO Box 15278 Columbus , OH 43215			83,214.	0.			One Health Flu Ed
Kentucky Dept of Public Health 275 E Main St Frankfort, KY 40621			60,988.	0.			Informatics Field Assign

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **42.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

**Council of State and Territorial
Epidemiologists, Inc.**

Schedule I (Form 990)

23-7410799

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Dakota Dept of Health 600 e Boulevard Ave Bismarck , ND 58505			58,750.	0.			Influenza Incidence
Minnesota Dept of Health PO Box 64975 St. Paul, MN 55164			56,249.	0.			Influenza Incidence YR8
Georgia Dept of Public Health 2 Peachtree St NW Atlanta, GA 30303			56,234.	0.			Influenza Hosp YR8
Wisconsin Dept of Health Serv PO Box 1668 Madison , WI 53701			55,919.	0.			Melissas - 07/30/18 04:02PM Worksheet Schedule I
Michigan Dept of Health and Human Serv - PO Box 30437 - Lansing, MI 48909			52,656.	0.			One Health Flu
New Mexico Dept of Health PO Box 25307 Albuquerque , NM 87125			51,477.	0.			Behavioral Health Surv
Michigan Dept of Health and Human Serv - PO Box 30437 - Lansing, MI 48909			50,000.	0.			GHOST
Seattle-King County Dept of Public Health - 401 5th Ave Ste 1300 - Seattle, WA 98104			50,000.	0.			Behavioral Health Surv
North Carolina Dept of health & Human Serv - 225 North McDowell St - Raleigh, NC 27603			48,634.	0.			Informatics Field Assign

Schedule I (Form 990)

**Council of State and Territorial
Epidemiologists, Inc.**

Schedule I (Form 990)

23-7410799

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alaska Dept of Health 3601 C Street, Suite 358 Anchorage , AK 99503			48,434.	0.			Marijuana
Florida State of Dept of Health 4052 Bald Cypress Way Bin B-02 Tallahassee , FL 32399			43,747.	0.			Influenza Hosp YR8
St Louis County Dept of Public Health - 6121 North Hanley Rd - Berkeley , MO 63134			34,209.	0.			Naloxone
Iowa Dept of Public Health 321 E 12th Street Des Moines , IA 50319			33,929.	0.			One Health Flu Ed Youth YR3
Mesa County Health Dept PO Box 20000-5033 Grand Junction , CO 81502			32,085.	0.			Behavioral Health Surv
Minnesota Dept of Health PO Box 64975 St. Paul, MN 55164			31,313.	0.			One Health Flu ED Youth
South Dakota Dept of Health 615 East 4th Street Pierre , SD 57501			30,925.	0.			Informatics Field Assign
Boulder County Public Health 3450 Broadway Boulder , CO 80304			30,000.	0.			Essence Platform Surv
Rocky Mountain Tribal Epidemiology Center - 711 Central Avenue Suite 220 - Billings , MT 59102			30,000.	0.			Behavioral Health Surv

Schedule I (Form 990)

**Council of State and Territorial
Epidemiologists, Inc.**

Schedule I (Form 990)

23-7410799

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Denver Public Health PO Box 17093 Denver , CO 80217			29,997.	0.			Behavioral Health Surv
Seattle-King County Dept of Public Health - 401 5th Ave Ste 1300 - Seattle, WA 98104			20,000.	0.			Life Expectancy
Iowa Dept of Public Health 321 E 12th Street Des Moines , IA 50319			18,750.	0.			One Health Flu Ed Youth Phase 2
Maricopa County Dept of Public Health - 4041 N Central Ave - Phoenix, AZ 85012			16,000.	0.			Casper
Maricopa County Dept of Public Health - 4041 N Central Ave - Phoenix, AZ 85012			16,000.	0.			GHOST
Maricopa County Dept of Public Health - 4041 N Central Ave - Phoenix, AZ 85012			14,883.	0.			Substance Abuse
Kentucky Dept of Public Health 275 E Main St Frankfort, KY 40621			12,498.	0.			One Health Flu Ed Youth YR3
North Dakota Dept of Health 600 e Boulevard Ave Bismarck , ND 58505			12,482.	0.			One Health Flu ED
Virginia Dept of Health 109 Governor Street Richmond, VA 23219			11,001.	0.			Flu near you pilot

Schedule I (Form 990)

**Council of State and Territorial
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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Houston Dept of Health and Human Services - 8000 N Stadium Dr 7th FL - Houston , TX 77054			10,911.	0.			Flu near you pilot
Maine Dept of Health 220 Capital St Augusta , ME 04333			10,000.	0.			One Health Flu Ed Youth YR3
New Mexico Dept of Health PO Box 25307 Albuquerque , NM 87125			10,000.	0.			Substance Abuse
North Carolina Dept of health & Human Serv - 225 North McDowell St - Raleigh, NC 27603			9,615.	0.			Substance Abuse
Crook County Health Department 375 NW Beaver St St.100 Prineville , OR 97754			8,400.	0.			Casper
Baltimore City of Health Department - 200 N. Holiday Street - Baltimore , MD 21202			8,333.	0.			Opioid Overdose
Michigan Dept of Health and Human Serv - PO Box 30437 - Lansing, MI 48909			8,139.	0.			Substance Abuse
Minnesota Dept of Health PO Box 64975 St. Paul, MN 55164			7,855.	0.			Substance Abuse
Pennsylvania Dept of Health 625 Forster Street Harrisburg, PA 17120			6,556.	0.			12 Question Marijuana

Schedule I (Form 990)

**Council of State and Territorial
Epidemiologists, Inc.**

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 noncash assistance
CSTE/CDC Applied Epidemiology Fellowship	0	1,875,493.	0.		
APH Informatics Fellowship	0	548,229.	0.		
Health Systems Integration Program Fellowship	0	642,835.	0.		
Contract Program services	0	326,997.	0.		
Other	0	326,627.	0.		

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

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

Part IV Supplemental Information

final report is due at the end of the project.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

**Council of State and Territorial
Epidemiologists, Inc.**

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Jeffrey P. Engel, MD Executive Director	(i)	233,472.	11,392.	0.	14,008.	20,636.	279,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) John Lisco Senior Director of Finance	(i)	160,082.	0.	0.	9,605.	10,483.	180,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Beverly Christner Director of Operations	(i)	135,145.	8,500.	0.	8,109.	19,384.	171,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LaKesha Robinson Senior Deputy Director	(i)	110,473.	8,500.	0.	6,628.	31,794.	157,395.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Part I, Line 1a:

Employees have a wellness benefit of up to \$25 per month.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization Council of State and Territorial Epidemiologists, Inc.	Employer identification number 23-7410799
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Form 990, Part I, Line 1, Description of Organization Mission:

DEVELOPMENT OF STATE SURVEILLANCE AND EPIDEMIOLOGIST TRAINING

Vision Statement

The Council of State and Territorial Epidemiologists is committed to improving the public's health by supporting the efforts of epidemiologists working at the state and local level to influence public health programs and policy based on science and data.

Form 990, Part III, Line 1, Description of Organization Mission:

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

Form 990, Part III, Line 4a, Program Service Accomplishments:

training. Fellows work closely with highly trained and experienced epidemiologists at the state and local level, as well as those working at the federal level with CDC. Overall, 88% of fellowship graduates worked in state, local, or federal public health agencies for a least a year following the fellowship.

AEF Highlights

1) Gabriela Escutia, MPH, a Class XIII fellow placed at the San Diego

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County Health Department and the San Diego CDC Quarantine Station assisted with Zika Virus response in San Juan, Puerto Rico. For two months beginning in October 2016, she assisted in measuring the effectiveness of vector control initiatives in Puerto Rico. She also assisted with the initiation of a project to identify non-testing of Zika virus by OB/GYN providers in Puerto Rico. She also managed data and conducted statistical analysis to measure the impact of the Deren el zika Campaign.

2) Jane Yackley, MPH, a Class XIV fellow at the Tennessee Department of Health placed in a food safety assignment, created a RedCAP-based foodborne disease complaint system that has been used by the Food Safety Centers of Excellence as a model for other states to adopt. The system makes it easier to access complaint information, improve monitoring of complaints, and increase the potential for cross-checking with epidemiological information for the detection of environmental health issues and outbreaks.

3) Emily Morian-Lozano, MPH, MSW, a Class XIII maternal and child health fellow placed at the Maine Center for Disease Control and Prevention evaluated the 5th/6th grade Maine Integrated Youth Health Survey (MIYHS) and continued her role as a member of the steering committee which resulted in substantial changes to the survey and potential changes to the process of the project. Emily's analysis on smoking during pregnancy will be used as evidence to support the importance of addressing social determinants of health in Maine and could identify areas of the state to focus prevention and intervention efforts.

Form 990, Part III, Line 4b, Program Service Accomplishments:

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to over 100 infection preventionists at the annual National Healthcare Safety Network and Emerging Infectious Diseases (EID) Workshops coordinated by the Louisiana HAI Program. She also contacted other states that were making progress toward AUR surveillance goals to request that they share promotional and educational materials on AUR and antibiotic stewardship.

2) Meghan Weinberg, PhD, a Class III HSIP fellow at the Michigan Department of Health and Human Services combined her infectious disease training and EIS experience to improve the Michigan Disease Surveillance System. Her efforts resulted in data-driven recommendations to improve the automatic patient merging function to improve data quality and increase efficiency. She developed guidance on de-duplicating patient records in the system to serve as a resource for future users to sustain the quality improvements long term.

3) Lina Saintus, MPH, a Class V APHIF fellow at the North Carolina Department of Health and Human Services served as the ELR project manager to oversee the onboarding process for multiple hospitals to send electronic laboratory results. She also developed a post-production ELR quality assurance template to be used in North Carolina and other states and has laid the ground work for developing a quality assurance report card for continuous improvement.

Form 990, Part III, Line 4c, Program Service Accomplishments:

4) Developed "Best Practices for Surveillance of Antimicrobial Resistance via Electronic Laboratory Reporting" by the AR/ELR Working Group, which documents common steps and definitions for establishing electronic laboratory reporting (ELR) for antimicrobial resistance (AR), onboarding ELR partners, and processing HL7 ELR messages.

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5) Hosted a 4-day Epi Info Train the Trainer workshop in March 2017 for epidemiologists from 15 health departments.

6) Completed two How-to-Guides, one for Hospitalizations Attributable to Drugs with Potential for Abuse and Dependency, and one for tracking Hospitalizations Attributable to Alcohol within the Alcohol and Other Drug Indicators Subcommittee.

7) Developed the Council to Improve Foodborne Outbreak Response (CIFOR) Guidelines for Foodborne Illness Complaint Systems to address the use of foodborne illness complaint systems to detect foodborne disease outbreaks. These guidelines will be incorporated in the third edition of the CIFOR Guidelines for Foodborne Disease Outbreak Response.

8) Released an evaluation report of the 2016 CIFOR Guidelines and Toolkit Implementation Trainings, which characterizes the trainings at the 15 CSTE-funded sites and summarizes feedback from training organizers and facilitators about training efforts related to the CIFOR Toolkit.

9) Expanded the scope of the CSTE Enteric Diseases Subcommittee (formerly CSTE Food Safety Subcommittee) to address existing and emerging waterborne diseases of public health concern and completed a webinar series on priority subcommittee topics.

10) Released the Chronic Disease Epidemiology Capacity Building report in 2016 to prioritize the chronic disease-specific recommendations for state and local health department in response to needs identified from the 2013 Epidemiology Capacity Assessment.

11) Finalized a guidance document by the Heat Syndrome Workgroup on implementing heat-related illness syndromic surveillance in public health practice.

12) Hosted a meeting in October 2016 in conjunction with the CDC

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Environmental Public Health Tracking grantees meeting to identify best practices for visualization of local life expectancy estimates and messaging demonstrated effective for raising awareness and catalyzing multi-sector actions.

13) Launched a new CSTE webpage featuring the Sub-County Assessment of Life Expectancy (SCALE) guide, links to resources and past SCALE presentations.

14) Developed a guidance document by the Climate & Health Syndromic Surveillance workgroup to encourage surveillance of climate-related health impacts by developing a general instruction on how a jurisdiction may use their syndromic surveillance systems for climate and health surveillance.

15) Provided Reportable Conditions Knowledge Management System (RCKMS) training for the Robert Wood Johnson Foundation (RWJF) and de Beaumont-funded Digital Bridge Electronic case reporting (eCR) pilot jurisdictions at the 2017 CSTE Annual Conference.

16) Maintained 23 OH indicators for surveillance with an annually updated guidance document. Developed a new guidance document for sub-state level measures analysis.

17) Developed a document within the OH Subcommittee on the Comparison of OSHA Enforcement, OSHA Consultation and NIOSH Health Hazard Evaluation Referrals.

18) Hosted "Zika: Notes from the Field" webinar series highlighting jurisdictional experiences from Texas, Florida and Puerto Rico, among others.

B) Building STLT Capacity

1) Supported 11 STLT-based novel substance use and mental health surveillance projects. Example projects include piloting an active

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surveillance system for suicide attempts, improving drug surveillance among tribal partners, and assessing the burden of mental health and substance use in a vulnerable population.

2) Funded 4 states to pilot the "Recommended CSTE Surveillance Indicators for Substance Abuse and Mental Health."

3) Completed the Carbapenem-resistant Enterobacteriaceae (CRE) Surveillance Assessment to determine the status of surveillance for CRE within states.

4) Developed the Assessment of Healthcare-associated Infection (HAI) Resources and Capacity: Infection Prevention and Drug Diversion to better understand HAI programs' infection prevention and control, drug diversion investigation resources, capacity, and experience.

5) Conducted the 2016 State Reportable Conditions Assessment (SRCA) with a 100% response rate.

6) Completed Phase II of the RCKMS Project, which included building a knowledge repository for public health and reporters to access information on reporting specifications and a decision support tool to determine the reportability of potential cases of reportable conditions.

7) Partnered with 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.

8) Deployed RCKMS decision support tool on the APHL Informatics Messaging Services platform (AIMS) through a partnership with the APHL.

9) Finalized the first round of default content development and vetting of 74 notifiable conditions by translating jurisdiction reporting

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specifications into machine-processable formats to be used by the RCKMS decision support tool.

10) Maintained partnership with CDC and APHL to support the National Notifiable Diseases Surveillance System (NNDSS) Modernization Initiative (NMI), technical assistance (TA), and onboarding efforts.

11) Developed evaluation tools to determine effectiveness of technical assistance and to measure the costs to implement updated message mapping guides (MMGs), as well as the level of effort involved in the onboarding process.

12) Continued the activities of the CSTE electronic Initial Case Report (eICR) Task Force, which 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, by supporting the development and balloting of the HL7 CDA R2 Implementation Guide.

13) Continued the activities of the CSTE electronic Initial Case Report (eICR) Task Force, which 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, by supporting the development and balloting of the HL7 CDA R2 Implementation Guide.

14) Concluded second and third phases of funding to 12 collective sites for participation in the Influenza Education among Youth in Agriculture Pilot Project, focused on state-owned collaborations with public health, animal health, and youth organizations to promote One Health initiatives by educating youth on the epidemiology, prevention, and control of zoonotic diseases with public health impact.

15) Supported enhanced influenza surveillance at multiple sites through three projects: The Influenza Hospitalization Surveillance Project (IHSP, 3 sites), Acute Respiratory Illness Epidemiology and

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Surveillance Project (ARIES, 6 sites), and Severe Acute Respiratory Infections (SARI) project (1 site, concluded 2016).

16) Supported pilot projects in 3 sites through the 2016-2017 influenza season to increase awareness of Flu Near You among applied epidemiologists, the public and develop new analytic tools for utilization of Flu Near You data.

17) Continued to serve as a project partner in Flu on Call , a CDC led initiative to establish a national network of triage lines in the event of a severe influenza pandemic, using existing networks and infrastructure.

18) Collaborated with CDC to identify 3 jurisdictions to participate in the Informatics Field Assignee pilot project to advance CDC Surveillance Strategy goals (NMI, ELR, syndromic surveillance, electronic death reporting or eCR) and address gaps in existing informatics capacity at the jurisdiction through a one-year field assignment.

19) Awarded funding to select jurisdictions to implement a 12-question Marijuana Supplement within the CDC Pregnancy Risk Assessment Monitoring System (PRAMS) assessment.

20) Supported ISDS efforts to develop ICD-9 to ICD-10 codeset consensus mappings in order to assist public health in converting between ICD-9-CM and ICD-10-CM.

Form 990 Part III Line 4c (continued)

21) Completed initial development and feasibility testing of a mobile application for public health surveillance in collaboration with Castleton University.

22) Continued to coordinate and support both Zika Virus and Ebola Virus

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response activities among CSTE members, CDC State Coordination Task Force at the EOC, relevant CDC CIOs as well as other partner organizations.

23) Continued convening the CDC/CSTE Zika Virus working group, comprised of vector borne and maternal and child health subject matter experts from CDC, STLT health agencies and other public health non-profits, on a weekly basis to discuss emerging issues related to the response and provided feedback on new or revised guidance and policy documents.

C) Consultations

1) Supported over 50 domestic and international consultations by CSTE members and staff to represent CSTE at conferences, meetings and trainings, provide technical assistance, training and peer consultation on day-to-day management of surveillance systems, and conducted several international influenza surveillance reviews.

D) Convenings & Meetings

1) Hosted a CDC/CSTE orientation for 13 newly appointed State Epidemiologists to orient them to CDC activities and resources that support state health departments.

2) Convened two meetings in collaboration with The National Association of State Public Health Veterinarians (NASPHV) to update existing compendia guidance documents (The Animal Contact Compendium Committee and the Rabies Compendium Committee).

3) Convened an in-person session of the STD Surveillance Coordinators at the 2016 National STD Prevention Conference focused on soliciting state feedback for updating the 1996 CSTE data re-release guidelines. The updated guidelines for release of data from the Division of STD Prevention were finalized late Fall 2016.

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- 4) Hosted the 7th Annual National Disaster Epidemiology Workshop, focused on the intersection of climate change and disaster epidemiology, in collaboration with CDC, the National Association for County and City Health Officials (NACCHO), and the Safe States Alliance.
- 5) Convened the third CSTE Pollen Summit in collaboration with the Asthma and Allergy Workgroup which focused on engaging key partners needed to finalize specifications for a national pollen monitoring network and develop a strategic plan for the promotion, education, advocacy and funding needed to implement the network.
- 6) Partnered with CDC and APHL to host four joint PulseNet/OutbreakNet Regional Meetings, providing a platform for exchanging knowledge and expertise on emerging topics and discussing surveillance for, detection of, and response to enteric diseases and building collaborations.
- 7) Continued serving as CIFOR co-chair and hosted biannual in-person CIFOR Council Meetings in Minneapolis in September 2016 and Salt Lake City in March 2017 and telephonic meetings in December 2016 and June 2017. Hosted an in-person meeting in January 2017 to identify and prioritize tools and resources that would help health departments implement electronic case reporting (eCR).
- 8) Successfully convened the 9th Annual WestON meeting in September in Denver, CO with over 70 in-person attendees and 20 webinar participants under the new U13 collaboration-based conference grant with NIOSH.
- 9) Convened the Winter CSTE Occupational Health (OH) Subcommittee Meeting in conjunction with the National Institute for Occupational Safety and Health (NIOSH) State Partners Meeting and the NIOSH Workers' Compensation Meeting on Dec 7-8, 2016. The theme of the CSTE OH Meeting was "Strengthening Efforts to Integrate Occupational Health and Safety

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into Greater Public Health."

10) Convened a project workgroup kick-off meeting in November 2016 in Atlanta, GA for the Implementation and Testing of Proposed ICD-10-CM Injury Frameworks. Three subgroups were developed to complete the scope of work including the Data Quality Subgroup, Case Definition Subgroup, and the External Cause Matrix Subgroup.

11) Convened an Epihack workshop in September 2016 in Denver, CO, in partnership with Skoll Global Threats Fund, to explore Flu Near You data visualization and analytic needs of public health departments.

12) Convened a behavioral health surveillance working group of state, local and federal epidemiologists to review evaluation guidelines for behavioral health surveillance and make recommendations.

13) Established a Mental Health Workgroup to address state, tribal, and local mental health epidemiology needs and develop standardized measures in Sept 2016. In March 2017, the Workgroup became a CSTE Subcommittee.

14) Presented the work of the Overdose Subcommittee at the 12th Annual World Congress on Injury Prevention and Safety Promotion in Finland. The presentation was titled "Building Epidemiological Capacity for Drug Overdose."

15) Continued supporting the Antimicrobial Resistance Surveillance Taskforce to identify, develop, and put into practice scientific, technical, and policy solutions needed to strengthen AR surveillance.

16) The AR Taskforce held an in-person meeting in March 2017 to develop a strategic map for a national AR surveillance system.

17) Hosted the Annual Preparedness Meeting of Non-Profits in March 2017 with representatives from the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City

Name of the organization	Council of State and Territorial Epidemiologists, Inc.	Employer identification number	23-7410799
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Health Officials (NACCHO), the Association of Public Health Laboratories (APHL) and CDC's Office of Public Health Preparedness and Response (OPHP&R) to discuss the role of public health non-profits in supporting ongoing and future public health emergency responses.

18) Hosted 16 workshops at the June 2017 CSTE Annual Conference in Boise, Idaho on topics including environmental health surveillance, whole genome sequencing for enteric disease outbreaks, substance use and mental health surveillance, lessons learned from the Zika response, occupational health and safety, molecular epidemiology, Epi Info, healthcare-associated infections and antimicrobial resistance, electronic case reporting, influenza surveillance, community health assessments, maternal and child health, chronic disease, injury surveillance, legionella surveillance and a national meeting of state public health veterinarians.

E) Policy

1) Developed, co-signed or co-sponsored over 15 letters with other partner organizations to document a specific action or series of actions requested by CSTE membership of an external individual, agency, or organization. Examples include but are not limited to:

2) Submitted formal feedback to HHS on the Notice of Proposed Rulemaking for the Federal Policy for the Protection of Human Subjects (Common Rule) and provided comments on the Federal Register notice regarding National Parks Service Office of Public Health Disease Reporting and Surveillance System.

3) Authored a letter to CDC/NCHS regarding the redesign of the injury module questions in the National Health Interview Survey (NHIS), which included a proposal to remove key questions related to injury and OH surveillance in consultation with National Center for Health Statistics

Name of the organization	Council of State and Territorial Epidemiologists, Inc.	Employer identification number	23-7410799
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(NCHS) and NIOSH.

4) Authored a letter to the American College of Surgeons who administers the National Trauma Data Standard to call for the reinsertion of Workers' Compensation as a payer source field option.

F) Position Statements

The following position statements were approved by the Council at the 2017 CSTE Annual Conference:

17-CC-01 - "Support for Use of the CDC Model Aquatic Health Code (MAHC) as a Resource and Guidance Document by State, Territorial, and Local Jurisdictions Regulating Public Aquatic Facilities"

17-ID-01 "Revision to the Standardized Surveillance and Case Definition for Acute Flaccid Myelitis"

17-ID-02 "Revision for the Standardized Case Definition, Case Classification, and National Surveillance for Anthrax" (NNC)

17-ID-03 "Standardized Case Definition for Candida Auris"

17-ID-04 "Public Health Reporting and National Notification of Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE)" (NNC)

17-ID-07 "Standardized Case Definition for Extrapulmonary Nontuberculous Mycobacteria Infections"

17-ID-08 "Public Health Reporting and National Notification of Perinatal Hepatitis C Virus Infection" (NNC)

17-ID-09 "Establishing a Case Definition for Latent TB Infection (TB Infection)"

17-ID-10 "Public Health Reporting and National Notification for Shiga Toxin-Producing Escherichia coli (STEC)" (NNC)

17-ID-11 "Update to Public Health Reporting and National Notification for Syphilis" (NNC)

Name of the organization	Council of State and Territorial Epidemiologists, Inc.	Employer identification number	23-7410799
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Form 990 Part III Line 4c (continued)

G) International

1) Advised on the development of the European Centre for Disease Control and Prevention's epidemiology capacity and training needs assessment.

2) Supported international influenza surveillance reviews through deployment of CSTE consultants to locations including Uganda, Mexico, Nepal, Paraguay, Sri Lanka, Maldives, Jamaica, and Moldova.

3) Collaborated with CDC and APHL to host an International Influenza Surveillance and Laboratory Assessor Training in October 2016 to prepare members to serve as subject matter consultants during international surveillance capacity reviews.

4) Supported training courses focused on enhancing international epidemiology and surveillance for influenza in Amsterdam, the Netherlands and Pune, India.

5) Supported four deployments of epidemiologists to West Africa for Ebola Virus Disease recovery efforts and supported six deployments to Puerto Rico for Zika response efforts in late 2016.

Form 990, Part VI, Section A, line 6:

The organization has active memberships and associate memberships for persons engaged in the practice of epidemiology. Persons currently enrolled full time in an undergraduate or graduate program who are actively pursuing a degree in public health or related field are eligible for student membership.

Name of the organization	Council of State and Territorial Epidemiologists, Inc.	Employer identification number	23-7410799
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Form 990, Part VI, Section A, line 7a:

The election of the Executive Board, position statements that do not affect state or territorial public health law, and other similar matters as specified in the Bylaws or designated by the Executive Board shall be determined by a vote of the Active Members by electronic ballot at a time before the Annual Meeting or as designated by the Executive Board.

Form 990, Part VI, Section A, line 7b:

Official Council decisions, such as position statements that affect public health law, are made by vote with only one vote per state or territory cast by the State Epidemiologist or an official active member representative from the state or territory designated by the State Epidemiologist.

Form 990, Part VI, Section B, line 11b:

The final 990 with all schedules is mailed to the Secretary/Treasurer eight days before it is filed. The Secretary/Treasurer has a full week to review.

Form 990, Part VI, Section B, Line 12c:

Policy requires immediate notification of conflicts and we have annual acknowledgement that all has been disclosed.

Form 990, Part VI, Section B, Line 15:

Every three to five years an independent contractor is hired to do a salary and wage review. Copies of the report are given to the Executive Board to use as a tool for setting the Executive Director's salary, and a copy is given to the Executive Director for setting the employees' salaries.

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

Form 990, Part XI, line 9, Changes in Net Assets:

Refunded Grants paid in prior years	60,436.
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Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning OCT 1, 2016, and ending SEP 30, 2017

2016

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input checked="" type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Council of State and Territorial Epidemiologists, Inc.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2872 Woodcock Blvd #250</p> <p>City or town, state or province, country, and ZIP or foreign postal code Atlanta, GA 30341</p>	<p>D Employer identification number (Employees' trust, see instructions.) 23-7410799</p> <p>E Unrelated business activity codes (See instructions.) 511130 511140</p>
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C Book value of all assets at end of year: **4,314,631.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **See Statement 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **Jeffrey P. Engel, MD** Telephone number ▶ **770-458-3811**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 475.			
b Less returns and allowances			
c Balance ▶	1c 475.		
2 Cost of goods sold (Schedule A, line 7)	2 209.		
3 Gross profit. Subtract line 2 from line 1c	3 266.		266.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 266.		266.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	266.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	266.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

**Council of State and Territorial
Epidemiologists, Inc.**

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	0.
45a Payments: A 2015 overpayment credited to 2016	45a	
b 2016 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **Senior Director of Finance**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Aleisa Howell	Aleisa Howell	04/08/19		P00936721
	Firm's name Mauldin & Jenkins LLC	Firm's EIN 58-0692043			
	Firm's address 200 Galleria Pkwy SE Ste 1700 Atlanta, GA 30339-5946	Phone no. 770-955-8600			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.		
2	Purchases	2	209.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	209.	Yes	No
3	Cost of labor	3							
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?				X
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5	209.						

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Council of State and Territorial

Form 990-T (2016) **Epidemiologists, Inc.**

23-7410799

Page 5

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement	1
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Sale of book about epidemiologists' lives and sale of member lists

To Form 990-T, Page 1

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. Council of State and Territorial Epidemiologists, Inc.	Employer identification number (EIN) or 23-7410799
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2872 Woodcock Blvd #250	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Atlanta, GA 30341	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Jeffrey P. Engel, MD

• The books are in the care of ▶ **2635 Century Parkway NE, Suite 700 - Atlanta, GA 30345**
Telephone No. ▶ **770-458-3811** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **August 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **OCT 1, 2016**, and ending **SEP 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Amended Amended due to IRS Audit Address Change UET Annualization Exception attached

For the taxable year beginning				10/01/2016		and ending		09/30/2017			
Name of Organization			Name of Fiduciary			Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)					
COUNCIL OF STATE AND TERR EPIDEMIOLOGISTS, INC.											
Number and Street			Number and Street			23-7410799					
2872 WOODCOCK BLVD #250											
City or Town			City or Town			NAICS Code		Date of current exemption letter.		IRS code section for which you are exempt.	
ATLANTA											
State		ZIP Code		State		ZIP Code		511130			
GA		30341									
						SCHEDULE 1					
1. Unrelated business taxable income from Federal Form 990-T (attach copy)						1.		0			
2. Additions						2.					
3. Total (add Line 1 and Line 2)						3.					
4. Subtractions						4.					
5. Georgia unrelated business taxable income (Line 3 less Line 4)						5.		0			
COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX						SCHEDULE 2					
1. Line 5, above, multiplied by 6%						1.					
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2						2.					
3. Less: Payments						3.					
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)						4.					
5. Balance of tax due OR overpayment						5.		0			
6. Interest due (See Instructions)						6.					
7. Underestimated tax penalty						7.					
8. Other penalties due (See Instructions)						8.					
9. Balance of tax, interest and penalties due with return						9.					
10. If Line 5 is an overpayment, amount to be credited on _____											
Estimated Tax ▶						Refunded ▶					

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.
 DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

JOHN LISCO
 Signature of Officer
SENIOR DIRECTOR O 04/08/19
 Title Date

Signature of Individual or Firm Preparing Return
P00936721
 Employee ID or Social Security Number