

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

**2017**

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2017** calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

<b>B</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	<b>C</b> Name of organization <b>COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.</b>		<b>D</b> Employer identification number <b>23-7410799</b>
	Doing business as		<b>E</b> Telephone number <b>(770) 458-3811</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2635 CENTURY PARKWAY, NE</b>		<b>700</b>
City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30345</b>		<b>G</b> Gross receipts \$ <b>21,882,598.</b>	
<b>F</b> Name and address of principal officer: <b>JEFFREY P. ENGEL, MD</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.CSTE.ORG</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
		<b>L</b> Year of formation: <b>1992</b>	<b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>58</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>975</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>278.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>17,071,097.</b>	<b>20,508,715.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,062,815.</b>	<b>1,350,157.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>8,450.</b>	<b>-79,966.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>13,896.</b>	<b>10,491.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>18,156,258.</b>	<b>21,789,397.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>5,481,098.</b>	<b>6,984,047.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>4,441,674.</b>	<b>5,407,819.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,900,151.</b>	<b>8,851,310.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>17,822,923.</b>	<b>21,243,176.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>333,335.</b>	<b>546,221.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,314,631.</b>	<b>5,934,263.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,146,919.</b>	<b>3,220,330.</b>
		<b>2,167,712.</b>	<b>2,713,933.</b>

**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		
	<b>JEFFREY P. ENGEL, MD, EXECUTIVE DIRECTOR</b> 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
	<b>ALEISA HOWELL</b>	<b>ALEISA HOWELL</b>	<b>08/14/19</b>		<b>P00936721</b>
	Firm's name	Firm's EIN			
	<b>MAULDIN &amp; JENKINS LLC</b>	<b>58-0692043</b>			
	Firm's address	Phone no.			
	<b>200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 30339-5946</b>	<b>770-955-8600</b>			

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  Yes  No

**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 \$ \_\_\_\_\_)  
SEE SCHEDULE O

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
SEE SCHEDULE O

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
SEE SCHEDULE O

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

**4e** Total program service expenses 

SEE SCHEDULE O FOR CONTINUATION(S)

**COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b>	<b>X</b>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b>	<b>X</b>
<b>3</b> 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> .....	<b>3</b>	<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	
<b>5</b> 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> .....	<b>5</b>	<b>X</b>
<b>6</b> 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> .....	<b>6</b>	<b>X</b>
<b>7</b> 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> .....	<b>7</b>	<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	<b>X</b>
<b>9</b> 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> .....	<b>9</b>	<b>X</b>
<b>10</b> 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> .....	<b>10</b>	<b>X</b>
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b>	<b>X</b>
<b>b</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> .....	<b>11b</b>	<b>X</b>
<b>c</b> 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> .....	<b>11c</b>	<b>X</b>
<b>d</b> 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> .....	<b>11d</b>	<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	<b>X</b>
<b>f</b> 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> .....	<b>11f</b>	<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	<b>X</b>
<b>b</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> .....	<b>12b</b>	<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	<b>X</b>
<b>b</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> .....	<b>14b</b>	<b>X</b>
<b>15</b> 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> .....	<b>15</b>	<b>X</b>
<b>16</b> 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> .....	<b>16</b>	<b>X</b>
<b>17</b> 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> .....	<b>17</b>	<b>X</b>
<b>18</b> 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> .....	<b>18</b>	<b>X</b>
<b>19</b> 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> .....	<b>19</b>	<b>X</b>

**COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.**

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	
<b>22</b> 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> .....	<b>X</b>	
<b>23</b> 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> .....	<b>X</b>	
<b>24a</b> 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> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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> .....		
<b>26</b> 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> .....		<b>X</b>
<b>27</b> 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> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> 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> .....		<b>X</b>
<b>33</b> 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> .....		<b>X</b>
<b>34</b> 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> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> 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> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	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  
EPIDEMIOLOGISTS, INC.**

**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
<b>1a</b> 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.	<b>1a</b>	10		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	10		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> 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?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>	
<b>7a</b> 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?	<b>7a</b>		<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> 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	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>			<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**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 CROSS CUTTING I	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 CROSS CUTTING II	3.00	X						0.	0.	0.
(7) JANET HAMILTON PRESIDENT	6.00	X		X				0.	0.	0.
(8) MARCELLE 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 SURVEILLANCE/INFORMATICS	3.00	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) LAKESHA 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			
<b>1b Sub-total</b> .....							774,286.	0.	160,430.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	20,508,715.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....		20,508,715.			
<b>Program Service Revenue</b>	<b>2 a</b> ANNUAL MEETINGS .....	<b>Business Code</b> 611430	1,101,036.	1,097,149.		3,887.
	<b>b</b> MEMBER FEES .....	611430	249,121.	249,121.		
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		1,350,157.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		13,235.			13,235.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		93,201.		
		<b>c</b> Gain or (loss) .....		-93,201.		
	<b>d</b> Net gain or (loss) .....		-93,201.			-93,201.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> JOB POSTINGS .....		541800	10,213.			10,213.
	<b>b</b> COMMISSIONS .....	511130	278.		278.	
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....			10,491.			
<b>12 Total revenue.</b> See instructions. ....			21,789,397.	1,346,270.	278.	-65,866.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,021,885.			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,962,162.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	468,712.			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,599,089.			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	182,729.			
<b>9</b> Other employee benefits	882,668.			
<b>10</b> Payroll taxes	274,621.			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	31,585.			
<b>c</b> Accounting	22,210.			
<b>d</b> Lobbying	17,555.			
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,744,229.			
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	290,367.			
<b>14</b> Information technology	473,851.			
<b>15</b> Royalties				
<b>16</b> Occupancy	351,717.			
<b>17</b> Travel	2,753,129.			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	540,437.			
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	92,820.			
<b>23</b> Insurance	34,815.			
<b>24</b> 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.)				
<b>a</b> <b>DEVELOPMENT AND IMPLEME</b>	1,466,281.			
<b>b</b> <b>BH MOBILE APP FOR PUBLI</b>	500,000.			
<b>c</b> <b>TELEPHONE/WEBEX</b>	164,251.			
<b>d</b> <b>COMMUNITY FOCUSED RAPID</b>	149,993.			
<b>e</b> All other expenses	218,070.			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	21,243,176.			
<b>26</b> <b>Joint costs.</b> 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.**

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**Part X Balance Sheet**

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

		<b>(A)</b>			<b>(B)</b>	
		Beginning of year			End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	100.	<b>1</b>		815.	
	<b>2</b> Savings and temporary cash investments .....	2,344,791.	<b>2</b>		3,364,658.	
	<b>3</b> Pledges and grants receivable, net .....	1,393,261.	<b>3</b>		1,534,448.	
	<b>4</b> Accounts receivable, net .....	14,199.	<b>4</b>		187,156.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>		
	<b>6</b> 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 .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	898.	<b>7</b>			
	<b>8</b> Inventories for sale or use .....			<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	401,666.	<b>9</b>		169,916.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	826,040.	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation .....	214,673.	<b>10b</b>			
	<b>11</b> Investments - publicly traded securities .....			<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>		
	<b>14</b> Intangible assets .....			<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	16,185.	<b>15</b>		65,903.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,314,631.	<b>16</b>		5,934,263.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,068,138.	<b>17</b>		2,987,672.	
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	62,718.	<b>19</b>		86,968.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> 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 .....			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> 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 .....	16,063.	<b>25</b>		145,690.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,146,919.	<b>26</b>		3,220,330.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	2,167,210.	<b>27</b>		2,713,933.	
	<b>28</b> Temporarily restricted net assets .....	502.	<b>28</b>		0.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....	2,167,712.	<b>33</b>		2,713,933.		
<b>34</b> Total liabilities and net assets/fund balances .....	4,314,631.	<b>34</b>		5,934,263.		

Form **990** (2017)

**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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,789,397.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,243,176.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	546,221.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,167,712.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,713,933.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		<b>X</b>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>X</b>	
<b>b</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 _____	<b>X</b>	

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

<b>Name of the organization</b> COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.	<b>Employer identification number</b> 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) (2017)**

<b>Name of organization</b> COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.	<b>Employer identification number</b> 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		\$ 20,055,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 231,963.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 20,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 10,000.	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.)

Name of organization <b>COUNCIL OF STATE AND TERRITORIAL                  EPIDEMIOLOGISTS, INC.</b>	Employer identification number <b>23-7410799</b>
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

<b>Name of organization</b> COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.	<b>Employer identification number</b> 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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 <b>COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.</b>	Employer identification number <b>23-7410799</b>
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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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		X
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	97,946.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	17,555.
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	17,555.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	63,665.
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	-46,110.

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization** **COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.** **Employer identification number** **23-7410799**

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.**

**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):
- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |
- 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		43,963.	1,099.	42,864.
<b>d</b> Equipment		782,077.	213,574.	568,503.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				611,367.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>DEFERRED RENT</b>	40,135.
(3) <b>TENANT IMPROVEMENT ALLOWANCE</b>	105,555.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	145,690.

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	21,882,598.
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	93,201.
e	Add lines 2a through 2d	2e	93,201.
3	Subtract line 2e from line 1	3	21,789,397.
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	21,789,397.

**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	21,336,377.
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	93,201.
e	Add lines 2a through 2d	2e	93,201.
3	Subtract line 2e from line 1	3	21,243,176.
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	21,243,176.

**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, 2018 OR 2017 DUE TO UNCERTAIN TAX POSITIONS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RECLASSIFY LOSS ON DISPOSAL OF FIXED ASSETS 93,201.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

RECLASSIFY LOSS ON DISPOSAL OF FIXED ASSETS 93,201.





**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization  
**COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.**

Employer identification number  
**23-7410799**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	FLU SURVEILLANCE	9,046.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	FLU SURVEILLANCE	19,370.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	FLU SURVEILLANCE	3,893.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EBOLA	15,757.
<b>3 a</b> Sub-total .....	0	0			48,066.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			48,066.

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

Schedule F (Form 990) 2017

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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.

Schedule F (Form 990) 2017

23-7410799

Page 3

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

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; don't file with Form 990)* .....  Yes  No
  
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V** Supplemental Information

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

PART I, LINE 2:

EXPENSES WERE DOCUMENTED WITH INVOICES, RECEIPTS & SIGNATURES.

Multiple horizontal lines for supplemental information.

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN INDIAN HEALTH INSTITUTE 611 12TH AVENUE SOUTH SEATTLE, WA 98144			550,000.	0.			TRIBAL EVALUATION
MICHIGAN DEPT OF HEALTH AND HUMAN SERV - PO BOX 30437 - LANSING, MI 48909			415,455.	0.			INFLUENZA HOSPITAL SP YR 8
GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD - 2611 ELDERBERRY BLVD - RAPID CITY, SD 57703			227,729.	0.			TRIBAL EVALUATION
UTAH DEPT OF HEALTH PO BOX 144003 SALT LAKE CITY, UT 84114			212,000.	0.			INFLUENZA HOSPITAL SP YR 8
GREAT LAKES INTER-TRIBAL EPIDEM 2932 HIGHWAY 47 N PO BOX 9 LAC DU FLAMBEAU, WI 54538			191,400.	0.			TRIBAL EVALUATION
OHIO DEPARTMENT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215			180,000.	0.			INFLUENZA HOSPITAL SP YR 8

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **77.**
- 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) (2017)**

**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
NORTHWEST PORTLAND AREA INDIAN 2121 SW BROADWAY #300 PORTLAND, OR 97201			176,677.	0.			TRIBAL EVALUATION
OHIO DEPARTMENT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215			143,350.	0.			INFORMATICS FIELD ASSIGNEE PILO
ROCKY MOUNTAIN TRIBAL EPI. 711 CENTRAL AVENUE SUITE 220 BILLINGS, MT 59102			127,600.	0.			BEHAVIORAL HEALTH SURV
INTER-TRIBAL COUNCIL OF ARIZONA 2214 NORTH CENTRAL AVE, STE#100 PHOENIX, AZ 85004			127,600.	0.			TRIBAL EVALUATION
ALBUQUERQUE AREA INDIAN HEALTH 7001 PROSPECT AVE NE ALBUQUERQUE, NM 87110			124,717.	0.			TRIBAL EVALUATION
JSI RESEARCH & TRAINING INSTITUTE 44 FARNSWORTH STREET BOSTON, MA 02210-1214			117,293.	0.			AR CONTAINMENT
UNITED SOUTH & EASTERN TRIBES 711 STEWARTS FERRY PIKE SUITE 100 NASHVILLE, TN 37214			116,967.	0.			TRIBAL EVALUATION
CALIFORNIA RURAL INDIAN HEALTH 4400 AUBURN BLVD 2ND FLOOR SACRAMENTO, CA 95841			116,967.	0.			TRIBAL EVALUATION
KENTUCKY DEPT. PUBLIC HEALTH 275 E MAIN ST FRANKFORT, KY 40621			109,778.	0.			INFORMATICS FIELD ASSIGNEE PILO

Schedule I (Form 990)

**COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.**

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
SOUTHERN PLAINS TRIBAL HEALTH B 9705 N BROADWAY ETENSION SUITE 200 OKLAHOMA CITY, OK 73114			102,080.	0.			TRIBAL EVALUATION
NAVAJO EPIDEMIOLOGY CENTER PO BOX 3150 WINDOW ROCK, AZ 86515			100,000.	0.			TRIBAL EVALUATION
ALASKA NATIVE TRIBAL HEALTH 4000 AMBASSADOR DR ANCHORAGE, AK 99508			100,000.	0.			TRIBAL EVALUATION
IOWA DEPT OF PUBLIC HEALTH 321 E 12TH STREET DES MOINES, IA 50319			81,046.	0.			FLU
CANCER PATIENTS ALLIANCE 312 FOUNTAIN AVE PACIFIC GROVE, CA 93950			80,000.	0.			MOBILE APP
INDIANA STATE DEPT. OF HEALTH 2 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46204			70,820.	0.			AR CONTAINMENT
INDIANA STATE DEPT OF HEALTH 2 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46204			69,941.	0.			FLU
MINNESOTA DEPT OF HEALTH PO BOX 64975 ST. PAUL, MN 55164			65,360.	0.			ONE HEALTH FLU ED YOUTH YR3
SEATTLE-KING COUNTY DEPT OF PUBLIC HEALTH - 401 5TH AVE STE 1300 - SEATTLE, WA 98104			65,324.	0.			SCALE PH3 EPI ANALYSES

Schedule I (Form 990)



**COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.**

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
UNIVERSITY OF CENTRAL FLORIDA PO BOX 160118 ORLANDO, FL 32816-0118			62,000.	0.			BEHAVIORAL HEALTH SURV-1
MICHIGAN DEPT OF HEALTH AND HUMAN SERV - PO BOX 30437 - LANSING, MI 48909			61,071.	0.			ONE HEALTH FLU ED YOUTH YR3
OHIO DEPARTMENT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215			59,538.	0.			OPTIONAL INFLUENZA SURV ENH
HEALTH RESEARCH INC RIVERVIEW CENTER 150 BROADWAY STE 5 MENANDS, NY 12204			54,584.	0.			AR CONTAINMENT PROJECT
OHIO DEPARTMENT OF HEALTH PO BOX 15278 COLUMBUS, OH 43215			53,036.	0.			ONE HEALTH FLU ED YOUTH YR3
PHILADELPHIA DEPT OF PUBLIC HEALTH 1101 MARKET STREET SUITE 1320 PHILADELPHIA, PA 19107-2934			50,000.	0.			OPIOD OVERDOSE (SOON)
MULTNOMAH COUNTY OREGON 421 SW OAK ST SUITE 210 PORTLAND, OR 97204			50,000.	0.			SES DISPARITIES PILOT PROJECT
MINNESOTA DEPT OF HEALTH PO BOX 64975 ST. PAUL, MN 55164			50,000.	0.			DRUG OVERDOSE AND SUBSTANCE ABUSE
BALTIMORE, CITY OF, HEALTH DEPARTMENT - 200 N HOLIDAY STREET - BALTIMORE, MD 21202			41,667.	0.			OPIOD OVERDOSE (SOON)

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
SAN MATEO COUNTY PUBLIC HEALTH 225 37TH AVENUE SAN MATEO, CA 94403			41,539.	0.			COMMUNITY-BASED SOCIAL MEDIA PI
RESEARCH ANALYSIS GROUP, LLC PO BOX 941521 ATLANTA, GA 31141			41,299.	0.			OPIOD USE
KENTUCKY DEPT. PUBLIC HEALTH 275 E MAIN ST FRANKFORT, KY 40621			37,493.	0.			ONE HEALTH FLU ED YOUTH YR3
MINNESOTA DEPT OF HEALTH PO BOX 64975 ST. PAUL, MN 55164			35,000.	0.			ILINET EXPANSION PROJECT
MAINE DEPT OF HEALTH 220 CAPITAL ST AUGUSTA, ME 04333			35,000.	0.			ILINET EXPANSION PROJECT
WISCONSIN DEPT OF HEALTH SERV PO BOX 1668 MADISON, WI 53701			34,999.	0.			ILINET EXPANSION PROJECT
PENNSYLVANIA DEPT OF HEALTH 625 FORSTER STREET HARRISBURG, PA 17120			34,994.	0.			ILINET EXPANSION PROJECT
FLORIDA STATE DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY TALLAHASSEE, FL 32399-1729			34,099.	0.			EXPANSION PROJECT
NORTH DAKOTA DEPT OF HEALTH 600 E BOULEVARD AVE BISMARCK, ND 58505			31,572.	0.			ONE HEALTH FLU ED YOUTH YR3

Schedule I (Form 990)

**COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.**

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
INFORMATICS FIELD ASSIGN-YR 2 225 NORTH MCDOWELL ST RALEIGH, NC 27603			30,311.	0.			INFORMATICS FIELD ASSIGN-YR 2
MAINE DEPT OF HEALTH 220 CAPITAL ST AUGUSTA, ME 04333			30,000.	0.			ONE HEALTH FLU ED YOUTH YR3
MINNESOTA DEPT OF HEALTH PO BOX 64975 ST. PAUL, MN 55164			28,500.	0.			FLU NEAR YOU
ROSS STRATEGIC 1218 3RD AVENUE SUITE 1207 SEATTLE, WA 98101			28,000.	0.			TRIBAL SUICIDE INDICATORS
CMT CONSULTING 106 GENEVA STREET DECATUR, GA 30030			23,250.	0.			TRIBAL SITE VISIT
ALASKA DEPT. OF HEALTH 3601 C STREET, SUITE 358 ANCHORAGE, AK 99503			21,881.	0.			MARIJUANA
SOUTHERN NEVADA PO BOX 3902 LAS VEGAS, NV 89127			20,000.	0.			RCKMS
NEW MEXICO DEPT. OF HEALTH PO BOX 25307 ALBUQUERQUE, NM 87125			20,000.	0.			INDICATOR PILOT PROJECT
CHILDREN'S HOSPITAL CORPORATION PO BOX 414413 BOSTON, MA 02241-4413			20,000.	0.			FLU

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
BOULDER COUNTY PUBLIC HEALTH 3450 BROADWAY BOULDER, CO 80304			20,000.	0.			SUBSTANCE ABUSE
MINNESOTA DEPT OF HEALTH PO BOX 64975 ST. PAUL, MN 55164			19,994.	0.			INDICATOR PILOT PROJECT
MONTANA DEPT OF PUBLIC HEALTH 1400 BROADWAY RM B102 HELENA, MT 59620			19,968.	0.			PILOT SUMH INDICATORS
TOTAL INFORMATICS FIELD ASSIGNEE PILO - 225 NORTH MCDOWELL ST - RALEIGH, NC 27603			19,835.	0.			INFORMATICS FIELD ASSIGNEE PILO
GEORGIA DEPARTMENT OF PUBLIC HEALTH - 2 PEACHTREE ST NW STE 25-455 - ATLANTA, GA 30303			19,000.	0.			PILOT SUMH
OREGON HEALTH DIVISION PO BOX 4325 PORTLAND, OR 97208-9992			18,897.	0.			INDICATOR PILOT PROJECT
SAN MATEO COUNTY PUBLIC HEALTH 225 37TH AVENUE SAN MATEO, CA 94403			18,766.	0.			INDICATOR PILOT PROJECT
MISSISSIPPI DEPT OF HEALTH 570 E WOODROW WILSON JACKSON, MS 39215-1700			18,686.	0.			SES DISPARITIES PILOT PROJECT
HEALTH RESEARCH INC 150 BROADWAY STE 560 MENANDS, NY 12204			14,354.	0.			12 QUESTION MARIJUANA

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
SONOMA COUNTY DEPT OF HEALTH S 490 MENDOCINO AVE SUITE 101 SANTA ROSA, CA 95401			13,954.	0.			PILOT SUMH INDICATORS
ST LOUIS COUNTY DEPT OF PUBLIC HEALTH - 6121 NORTH HANLEY RD - BERKELEY, MO 63134			13,682.	0.			NALOXONE
NEW MEXICO DEPT. OF HEALTH PO BOX 25307 ALBUQUERQUE, NM 87125			13,285.	0.			12 QUESTION PHASE II MARIJUANA
NORTH DAKOTA DEPT OF HEALTH 600 E BOULEVARD AVE BISMARCK, ND 58505			12,500.	0.			INFLUENZA INCIDENCE SURV YR 8
MISSISSIPPI DEPT OF HEALTH 570 E WOODROW WILSON JACKSON, MS 39215-1700			11,300.	0.			PILOT SUMH INDICATORS
WEST VIRGINIA DEPT OF HEALTH & HUMAN SERV - 350 CAPITOL STREET - CHARLESTON, WV 25301			10,082.	0.			12 QUESTION PHASE II MARIJUANA
LOUISIANA DEPT OF HEALTH 1450 POYDRAS STREET NEW ORLEANS, LA 70112			8,809.	0.			INFORMATICS FIELD ASSIGNEE PILO
PENNSYLVANIA DEPT OF HEALTH 625 FORSTER STREET HARRISBURY, PA 17120			8,254.	0.			12 QUESTION PHASE II MARIJUANA
MAINE DEPT OF HEALTH 220 CAPITAL ST AUGUSTA, ME 04333			7,091.	0.			12 QUESTION PHASE II MARIJUANA

Schedule I (Form 990)

**COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.**

Schedule I (Form 990)

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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
WASHINGTON STATE DEPARTMENT OF HEALTH - PO BOX 47901 - OLYMPIA, WA 98504			7,000.	0.			APPLIED INFORMATICS TEAM AIT
STATE OF CONNECTICUT DEPT OF PUBLIC HEALTH - PO BOX 340308 410 CAPITAL AVENUE - HARTFORD, CT 06134-0308			7,000.	0.			APPLIED INFORMATICS
NORTH DAKOTA DEPT OF HEALTH 600 E BOULEVARD AVE BISMARCK, ND 58505			7,000.	0.			APPLIED INFORMATICS TEAM AIT
HELUNA HEALTH 13300 CROSSROADS PKWY N STE 450 CITY OF INDUSTRY, CA 91746			7,000.	0.			APPLIED INFORMATICS
COLORADO DEPT OF PUBLIC HLTH & ENVIRONMENT - 4300 CHERRY CREEK DRIVE SOUTH - DENVER, CO 80246-1530			7,000.	0.			APPLIED INFORMATICS
TENNESSEE DEPT OF HEALTH 710 JAMES ROBERTSON PARKWAY 6TH FL NASHVILLE, TN 37243			5,966.	0.			APPLIED INFORMATICS TEAM AIT
OREGON HEALTH DIVISION PO BOX 4325 PORTLAND, OR 97208-9992			5,425.	0.			APPLIED INFORMATICS TEAM AIT
ARKANSAS DEPT OF HEALTH 4815 WEST MARKHAM LITTLE ROCK, AR 72205			5,100.	0.			SUMH INDICATORS

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	1,547,906.	0.		
OTHER	0	207,167.	0.		
CONTRACT PROGRAM SERVICES	0	180,582.	0.		
APH INFORMATICS FELLOWSHIP	0	19,295.	0.		
HEALTH SYSTEMS INTEGRATION PROGRAM FELLOWSHIP	0	7,212.	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

**2017**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.** Employer identification number **23-7410799**

**Part I 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

Schedule J (Form 990) 2017

**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)							

COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.

Employer identification number  
23-7410799

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:

CDC/CSTE APPLIED EPIDEMIOLOGY FELLOWSHIP PROGRAM:

CREATED IN 2003, THE APPLIED EPIDEMIOLOGY FELLOWSHIP (AEF) IS DESIGNED  
FOR RECENT MASTER'S OR DOCTORAL-LEVEL GRADUATES IN EPIDEMIOLOGY OR A  
RELATED FIELD WHO ARE INTERESTED IN PUBLIC HEALTH PRACTICE AT THE STATE  
OR LOCAL LEVEL. THE PROGRAM PROVIDES RIGOROUS TRAINING AND MENTORSHIP  
FOR ITS PARTICIPANTS WHILE ALSO BEING FLEXIBLE TO MEET THE SUBJECT AREA  
INTERESTS OF THE FELLOW. FELLOWS DEVELOP A SET OF CORE SKILLS THROUGH

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COMPETENCY-BASED TRAINING.

BASED ON THE EPIDEMIC INTELLIGENCE SERVICE (EIS) PROGRAM AND USING A MENTORSHIP MODEL, THE FELLOWSHIP OFFERS A UNIQUE OPPORTUNITY FOR GRADUATES TO DEVELOP EPIDEMIOLOGIC SKILLS WITH HIGH QUALITY, ON-THE-JOB TRAINING. FELLOWS WORK CLOSELY WITH HIGHLY TRAINED AND EXPERIENCED EPIDEMIOLOGISTS AT THE STATE AND LOCAL LEVEL, AS WELL AS THOSE WORKING AT THE FEDERAL LEVEL WITH CDC. OVERALL, 88% OF FELLOWSHIP GRADUATES WORKED IN STATE, LOCAL, OR FEDERAL PUBLIC HEALTH AGENCIES FOR A LEAST A YEAR FOLLOWING THE FELLOWSHIP.

AEF HIGHLIGHTS:

1) STEPHANIE JOHNSON, MPH, A CLASS XV FELLOW AT THE MINNESOTA DEPARTMENT OF HEALTH WAS DEPLOYED TO AMERICAN SAMOA IN SEPTEMBER 2017 TO ASSIST WITH A DENGUE OUTBREAK THAT BEGAN IN NOVEMBER 2016. FOR THREE WEEKS, SHE WORKED TO ORGANIZE AND MAINTAIN FIELD MATERIALS, AS WELL AS MANAGED THE DIFFERENT INTERVIEWER AND PHLEBOTOMIST TEAMS FORMED. STEPHANIE ALSO ASSISTED IN A HOUSEHOLD CLUSTER INVESTIGATION TO IDENTIFY PEOPLE WITH RECENT DENGUE VIRUS INFECTION AND IDENTIFY BEHAVIORAL OR ENVIRONMENTAL FACTORS ASSOCIATED WITH INFECTION. HER TEAM'S WORK WAS PUBLISHED IN THE NOVEMBER 2018 MORBIDITY AND MORTALITY WEEKLY REPORT (MMWR) AND HIGHLIGHTED IN CSTE'S BLOG.

2) KAITLYN SYKES, MPH, A CLASS XIV FELLOW AT THE MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH, USED CSTE'S ALCOHOL AND OTHER DRUGS SUBCOMMITTEE RECOMMENDED 18 INDICATORS TO QUANTIFY INDICATORS OF MENTAL HEALTH AND SUBSTANCE USE FOR THE FIRST TIME AT THAT JURISDICTION. SHE ANALYZED THE MENTAL HEALTH AND SUBSTANCE ABUSE INDICATORS FOR

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2010-2014, AS WELL AS CREATED A FIVE-YEAR REPORT FOR ALL MENTAL HEALTH AND SUBSTANCE ABUSE INDICATORS.

3) KELLY WALBLAY, MPH, A CLASS XV INFECTIOUS DISEASE FELLOW AT THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH PARTICIPATED IN THE INVESTIGATION AND RESPONSE EFFORTS TO IDENTIFY COAGULOPATHY CASES LINKED TO SYNTHETIC CANNABINOID USE MARCH-APRIL 2018. DURING THE INVESTIGATION, KELLY ASSISTED WITH COLLECTION OF KEY EXPOSURE AND MEDICAL OUTCOMES DATA BY DEVELOPING A PATIENT QUESTIONNAIRE TO COLLECT DATA ON PATIENT DEMOGRAPHICS, POTENTIAL EXPOSURES AND OUTCOMES. SHE ALSO WORKED WITH LAB STAFF TO COLLECT LONG-ACTING ANTICOAGULANT PANEL TESTING RESULTS OF EACH CASE. FROM HER EXPERIENCE, SHE CO-AUTHORED A CENTERS FOR DISEASE CONTROL AND PREVENTION'S MORBIDITY AND MORTALITY WEEKLY REPORT PUBLISHED IN MAY 2018.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
TRAININGS AND RESOURCES:

1) RELEASED THE 2017 EPIDEMIOLOGY CAPACITY ASSESSMENT REPORT DESCRIBING THE FUNCTION AND NUMBER OF EPIDEMIOLOGISTS IN STATE HEALTH DEPARTMENTS.

2) TRAINED 74 INDIVIDUALS ACROSS 15 HEALTH DEPARTMENTS ON PUBLIC HEALTH INFORMATICS USING A TEAM- AND PROJECT-BASED APPROACH THROUGH THE APPLIED INFORMATICS TEAM TRAINING (AITT) PROGRAM.

3) PROMOTED PROFESSIONAL DEVELOPMENT AMONG APPLIED EPIDEMIOLOGISTS ON TOPICS OF PUBLIC HEALTH INFORMATICS, EVALUATION, GRANT WRITING, DATA ANALYSIS AND SCIENTIFIC WRITING THROUGH WEBINARS AND TRAININGS.

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4) PROVIDED VIRTUAL TRAININGS TO 27 JURISDICTIONS ON HOW TO AUTHOR REPORTING SPECIFICATIONS IN THE REPORTABLE CONDITIONS KNOWLEDGE MANAGEMENT SYSTEM (RCKMS) AUTHORIZING INTERFACE.

5) PROVIDED SAS E-LEARNING COURSES TO 15 HIV SURVEILLANCE STAFF ACROSS VARIOUS JURISDICTIONS TO BUILD EPIDEMIOLOGIC CAPACITY.

6) RELEASED THE "BEST PRACTICES FOR SURVEILLANCE OF ANTIMICROBIAL RESISTANCE VIA ELECTRONIC LABORATORY REPORTING (ELR)" GUIDANCE DOCUMENT, WHICH SUMMARIZES EXPERIENCES WITH RECEIVING AND PROCESSING CARBAPENEM-RESISTANT ENTEROBACTERIACEAE (CRE) ELR FROM LABORATORIES AND RECOMMENDED RELATED BEST PRACTICES FOR WORKING WITH LABORATORIES AND CRE ELR MESSAGES.

7) RELEASED THE ZIKA VIRUS PREPAREDNESS RESOURCES TOOLKIT AND ONLINE REPOSITORY TO ENHANCE PUBLIC HEALTH PROFESSIONALS' CAPACITY TO DEVELOP AND IMPLEMENT EVIDENCE-BASED PREVENTION AND CONTROL STRATEGIES FOR ZIKA AND OTHER MOSQUITO-BORNE DISEASES.

8) REVIEWED AND REVISED THE CSTE CLIMATE & HEALTH INDICATORS USING INFORMATION GATHERED IN PREVIOUS PILOT STUDIES, FEEDBACK FROM MEMBERS, AND RESEARCH OF AVAILABLE DATA SOURCES.

9) DEVELOPED NEW CSTE CLIMATE & HEALTH INDICATORS TO ADDRESS EMERGING CLIMATE AND HEALTH CONCERNS.

10) RELEASED A GUIDANCE DOCUMENT FROM THE OH SURVEILLANCE SUBCOMMITTEE TO PROVIDE STATES WITH IMPLEMENTATION STRATEGIES FOR OH INTEGRATION

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INTO OTHER AREAS OF PUBLIC HEALTH.

11) UPDATED THE CSTE SURVEILLANCE INDICATORS FOR SUBSTANCE ABUSE AND MENTAL HEALTH TO VERSION 2 WITH FEEDBACK FROM PILOTS CONDUCTED IN 2017. PILOTED THE UPDATED VERSION WITH 10 STATES AND FIVE COUNTIES IN SPRING 2018.

12) PUBLISHED THE ARTICLE "PREVALENCE OF GABAPENTIN IN DRUG OVERDOSE POSTMORTEM TOXICOLOGY TESTING RESULTS," CO-AUTHORED BY MEMBERS OF THE CSTE OVERDOSE SUBCOMMITTEE, IN THE JOURNAL DRUG AND ALCOHOL DEPENDENCE.

13) RELEASED THE SYPHILIS OUTBREAK DETECTION DOCUMENT TO GIVE STD PROGRAMS A FRAMEWORK FOR UNDERSTANDING THEIR EPIDEMIOLOGY, DETERMINING IF AND WHEN AN OUTBREAK MIGHT BE OCCURRING, AND DETERMINING WHEN ADDITIONAL RESOURCES AND ACTIVITIES COULD BE NEEDED TO PREVENT FURTHER TRANSMISSION OF DISEASE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BUILDING STLT CAPACITY:

1) FOSTERED SHARED LEARNING AND NETWORKING WITH 70 MENTEES AND 54 MENTORS AS PART OF THE CSTE EARLY CAREER PROFESSIONALS MENTORSHIP PROGRAM.

2) IN PARTNERSHIP WITH CDC, HOSTED A FOUR-PART WEBINAR SERIES TO BUILD EVALUATION CAPACITY AMONG EPIDEMIOLOGISTS.

3) CONTINUED TO SUPPORT INITIAL ECR IMPLEMENTATION SITES UTILIZING RCKMS THROUGH THE DIGITAL BRIDGE INITIATIVE.



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4) CONDUCTED THE 2017 STATE REPORTABLE CONDITIONS ASSESSMENT (SRCA) TO CAPTURE REPORTABLE CONDITIONS AND REQUIREMENTS BY STATE.

5) FUNDED NINE JURISDICTIONS TO IMPLEMENT NOVEL SURVEILLANCE PROJECTS TO ADDRESS EMERGING ISSUES IN SUBSTANCE USE AND MENTAL HEALTH.

6) FUNDED FIVE JURISDICTIONS TO PILOT THE EXPANSION OF EXISTING INFLUENZA SURVEILLANCE SYSTEMS AND INFORMATICS TO FACILITATE THE EXCHANGE OF DATA NECESSARY TO DETERMINE THE WEEKLY PROPORTION OF ILI DUE TO INFLUENZA AND ESTIMATE THE OUTPATIENT DISEASE BURDEN OF INFLUENZA.

7) CONTINUED FUNDING FOR THREE HEALTH DEPARTMENTS TO PARTICIPATE IN LABORATORY-CONFIRMED, POPULATION-BASED, ALL AGES, INFLUENZA HOSPITALIZATION SURVEILLANCE FOR THE 2017-18 INFLUENZA SEASON.

8) PROVIDED SUPPORT TO SEVEN JURISDICTIONS TO FURTHER INTERSTATE PARTNERSHIPS THROUGH WORK AROUND ZONOTIC DISEASE BETWEEN HUMAN, ANIMAL HEALTH, AND YOUTH IN AGRICULTURE ORGANIZATIONS AT THE STATE AND LOCAL LEVEL.

9) DEVELOPED A PEER-TO-PEER TECHNICAL ASSISTANCE MENTORSHIP PROGRAM FOR HAI COORDINATORS TO PROMOTE COLLABORATION, KNOWLEDGE SHARING, AND PROVIDE PEER SUPPORT TO NEWER HAI COORDINATORS.

10) CONDUCTED ASSESSMENT OF INFECTION PREVENTION AND CONTROL RESOURCES AND CAPACITY TO ASSESS STATE HAI PROGRAMS' INFECTION PREVENTION AND

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CONTROL RESOURCES, CAPACITY, AND ACTIVITIES FOLLOWING 2014 EBOLA  
FUNDING.

11) THE MCH SUBCOMMITTEE FORMED A NEONATAL ABSTINENCE SYNDROME (NAS)  
WORKGROUP AND DEVELOPED AN ASSESSMENT OF STATE SURVEILLANCE PRACTICES  
AND DATA SOURCES FOR NAS.

12) FORMED THE DATA STANDARDIZATION WORKGROUP TO ADDRESS JURISDICTIONAL  
REPORTING VARIATION BY DEVELOPING CONSENSUS IN THE INTERPRETATION OF  
DATA ELEMENTS USED IN STATE REPORTING TO CDC, INFORMATION EXCHANGE  
BETWEEN STATES, AND ANALYSIS.

13) FORMED THE DATA RELEASE WORKGROUP DEVELOP GUIDANCE AND SUGGESTED  
LANGUAGE FOR PUBLIC HEALTH AGENCIES TO DEVELOP RELEASE AND SUPPRESSION  
POLICIES FOR AGGREGATE DATA.

14) SIX STATES (ALASKA, MAINE, NEW YORK, NEW MEXICO, WEST VIRGINIA,  
PENNSYLVANIA) IMPLEMENTED THE 12-QUESTION MARIJUANA AND PRESCRIPTION  
DRUG SUPPLEMENT IN THE PREGNANCY RISK ASSESSMENT MONITORING SYSTEM  
(PRAMS)

15) THE MARIJUANA SUBCOMMITTEE COMPLETED AN ENVIRONMENTAL SCAN OF STATE  
MARIJUANA SURVEILLANCE WITH RESPONSES FROM 35 STATES.

CONVENINGS & MEETINGS:

1) HOSTED FOUR VECTOR-BORNE DISEASES (VBD) REGIONAL MEETINGS TO  
INCREASE STATE, TRIBAL, LOCAL, AND TERRITORIAL VBD EPIDEMIOLOGY AND

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SURVEILLANCE CAPACITY.

2) HOSTED THE 9TH ANNUAL CSTE DISASTER EPIDEMIOLOGY (DE) WORKSHOP IN ATLANTA, GA TO IMPROVE ALL-HAZARD DISASTER PREPAREDNESS AND RESPONSE EPIDEMIOLOGY CAPACITY AT ALL LEVELS OF PUBLIC HEALTH PRACTICE.

3) HOSTED THE ICD-10-CM TRANSITION WORKGROUP AND THE ICD-10-CM DRUG POISONING INDICATORS WORKGROUP MEETINGS IN ATLANTA, GA IN FALL 2017.

4) HELD THE FIRST CSTE SUBSTANCE USE AND MENTAL HEALTH STRATEGIC PLANNING MEETING IN ATLANTA, GA WITH LEADERSHIP FROM SEVEN OF CSTE'S SUBCOMMITTEES.

5) HOSTED A TECHNICAL REVIEW OF THE U.S. INFLUENZA SURVEILLANCE SYSTEM WHICH CONVENED REPRESENTATIVES FROM CDC, STATE HEALTH DEPARTMENTS/LABORATORIES, AND SEVERAL ACADEMIC, FEDERAL AND INTERNATIONAL PARTNERS TO EVALUATE THE U.S. INFLUENZA SURVEILLANCE SYSTEM AND IDENTIFY IMPROVEMENTS FOR A MORE EFFICIENT, ROBUST, AND USEFUL SYSTEM.

6) HOSTED A TRAVEL HISTORY DATA HARMONIZATION WORKSHOP IN OCTOBER 2017 TO SHARE HOW JURISDICTIONS COLLECT TRAVEL HISTORY INFORMATION AND VET CDC'S TRAVEL HISTORY HARMONIZATION EFFORTS THROUGH CDC'S SURVEILLANCE DATA PLATFORM (SDP).

7) CONTINUED SERVING AS CO-CHAIR FOR THE COUNCIL TO IMPROVE FOODBORNE OUTBREAK RESPONSE (CIFOR) WITH TWO IN-PERSON COUNCIL MEETINGS IN DENVER IN FALL 2017 AND NEW ORLEANS IN SPRING 2018, AND THE COUNCIL FOR

Name of the organization	COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.	Employer identification number	23-7410799
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OUTBREAK RESPONSE: HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIMICROBIAL RESISTANT PATHOGENS (CORHA) WITH A MEETING IN FALL 2017 IN ATLANTA, GA.

8) CONVENED TWO IN-PERSON MEETINGS OF THE CSTE/CDC/APHL ANTIMICROBIAL RESISTANCE SURVEILLANCE TASK FORCE (ARSTF), FOCUSED ON DEVELOPING RECOMMENDATIONS TO IMPROVE AR SURVEILLANCE CAPACITY IN THE UNITED STATES.

9) CO-HOSTED THE FORUM ON CULTURE-INDEPENDENT DIAGNOSTICS WITH CDC, APHL, THE PEW CHARITABLE TRUSTS, AND OHIO STATE UNIVERSITY. THE FORUM, HELD PREVIOUSLY IN 2012, ADDRESSED CIDT IMPACTS ON PUBLIC HEALTH PRACTICE, ISOLATE-BASED SURVEILLANCE, AND TECHNOLOGICAL SOLUTIONS.

10) CO-HOSTED THE 2017 INTEGRATED FOODBORNE OUTBREAK RESPONSE AND MANAGEMENT CONFERENCE (INFORM). THIS BIENNIAL CONFERENCE HIGHLIGHTED THE WAYS NEXT GENERATION SEQUENCING TECHNOLOGY IS ADVANCING THE ACCURACY AND SENSITIVITY OF PUBLIC HEALTH FOODBORNE INVESTIGATIONS.

POLICY - CO-SIGNED SEVERAL LETTERS TO CONGRESS IN 2017-18, INCLUDING A LETTER WITH APHL IN SUPPORT OF CDC BUDGET PRIORITIES. OTHER ADVOCACY LETTERS CSTE CO-SIGNED INCLUDE:

- 1) IN SUPPORT OF PAPHA REAUTHORIZATION
- 2) IN OPPOSITION TO A CONGRESSIONAL REVIEW ACT RESOLUTION OF DISAPPROVAL TO REPEAL AN OSHA REGULATION ABOUT MAINTAIN RECORDS OF WORK-RELATED INJURIES AND ILLNESSES
- 3) IN SUPPORT OF MATERNAL & CHILD HEALTH FUNDING
- 4) IN SUPPORT OF NIOSH FUNDING

Name of the organization **COUNCIL OF STATE AND TERRITORIAL  
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5) IN SUPPORT OF TB FUNDING

6) JOINING MEDICAL AND PUBLIC HEALTH ORGANIZATIONS TO URGE ACTION ON  
COMMON-SENSE COMPREHENSIVE GUN VIOLENCE PREVENTION LEGISLATION

7) SUSPEND THE IMPENDING CUTS TO THE CLINICAL LABORATORY FEE SCHEDULE  
(CLFS)

8) IN SUPPORT OF THE AMR CHALLENGE

POLICY - SUBMITTED COMMENTS ON THE CMS PROPOSED RULE FOR THE INPATIENT  
PROSPECTIVE PAYMENT SYSTEM (IPPS) AND PROMOTING INTEROPERABILITY  
PROGRAM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):  
POSITION STATEMENTS - THE FOLLOWING POSITION STATEMENTS WERE APPROVED  
BY THE COUNCIL AT THE 2018 CSTE ANNUAL CONFERENCE:

18-EH-01 - "STANDARDIZED SURVEILLANCE FOR CARBON MONOXIDE POISONING"

18-ID-01 "STANDARDIZED CASE DEFINITION FOR SURVEILLANCE OF  
RSV-ASSOCIATED MORTALITY"

18-ID-02 "CASE DEFINITION FOR NON-PESTIS YERSINIOSIS"

18-ID-03 "REVISION TO THE CASE DEFINITION FOR NATIONAL DIPHtheria  
SURVEILLANCE"

18-ID-04 "UPDATE TO YELLOW FEVER CASE DEFINITION"

18-ID-05 "STANDARDIZED CASE DEFINITION FOR CANDIDA AURIS CLINICAL AND  
COLONIZATION/SCREENING CASES AND NATIONAL NOTIFICATION OF C. AURIS  
CASE, CLINICAL - UPDATED DECEMBER 2018"

18-ID-06 "REVISIONS TO THE SURVEILLANCE CASE DEFINITION, CASE  
CLASSIFICATION, PUBLIC HEALTH REPORTING, AND NATIONAL NOTIFICATION FOR  
LISTERIOSIS"

Name of the organization	COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.	Employer identification number	23-7410799
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18-ID-07 "PUBLIC HEALTH REPORTING AND NATIONAL NOTIFICATION FOR  
HEPATITIS A"

18-ID-08 "PUBLIC HEALTH REPORTING AND NATIONAL NOTIFICATION FOR  
SALMONELLA ENTERICA SEROTYPE TYPHI (S. TYPHI), AND SALMONELLA ENTERICA  
SEROTYPES PARATYPHI A, B (TARTRATE NEGATIVE), AND C (S PARATYPHI)  
INFECTIONS" (NNC)

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.

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.

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 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.

FORM 990, PART VI, SECTION C, LINE 19:

SOME INFORMATION IS POSTED ON THE CSTE WEBSITE FOR THE GENERAL PUBLIC TO ACCESS. SOME INFORMATION IS POSTED ON THE CSTE WEBSITE FOR MEMBER ACCESS ONLY. ANY INFORMATION THAT A REQUESTOR COULD NOT ACCESS THEMSELVES, UPON REQUEST, IS PROVIDED EITHER BY FAX OR EMAIL.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2017**

For calendar year 2017 or other tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed  <b>B</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)	Print or Type  Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>2635 CENTURY PARKWAY, NE, NO. 700</b>  City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30345</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>23-7410799</b>
		<b>E</b> Unrelated business activity codes (See instructions.)  <b>511130 511140</b>
		<b>F</b> Group exemption number (See instructions.) <input type="checkbox"/> <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

**C** Book value of all assets at end of year **5,934,263.**

**H** Describe the organization's primary unrelated business activity. **SALE OF BOOK ABOUT EPIDEMIOLOGISTS' LIVES**

**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
1 a	Gross receipts or sales <b>278.</b>			
b	Less returns and allowances			
c	Balance	<b>278.</b>		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	<b>278.</b>		<b>278.</b>
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	<b>278.</b>		<b>278.</b>

**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)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return			
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	<b>Total deductions.</b> Add lines 14 through 28			<b>0.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<b>278.</b>
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			<b>278.</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			<b>1,000.</b>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			<b>0.</b>



**COUNCIL OF STATE AND TERRITORIAL  
EPIDEMIOLOGISTS, INC.**

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

<b>Part IV Tax and Payments</b>			
<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>		
<b>b</b> Other credits (see instructions)	<b>41b</b>		
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>		
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>		
<b>42</b> Subtract line 41e from line 40	<b>42</b>		0.
<b>43</b> 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)	<b>43</b>		
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>		0.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>		
<b>b</b> 2017 estimated tax payments	<b>45b</b>		
<b>c</b> Tax deposited with Form 8868	<b>45c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>		
<b>e</b> Backup withholding (see instructions)	<b>45e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	<b>45g</b>	Total	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>		
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>		
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>		0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>		0.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>		

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)			
<b>51</b> At any time during the 2017 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		<b>Yes</b>	<b>No</b>
			<b>X</b>
<b>52</b> 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.			<b>X</b>
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$			

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.				
<b>Sign Here</b>	<input type="text"/> Signature of officer	<input type="text"/> Date	<input type="text"/> <b>EXECUTIVE DIRECTOR</b>	
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	<b>ALEISA HOWELL</b>	<b>ALEISA HOWELL</b>	<b>08/14/19</b>	PTIN <b>P00936721</b>
	Firm's name <b>MAULDIN &amp; JENKINS LLC</b>	Firm's address <b>200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 30339-5946</b>		Firm's EIN <b>58-0692043</b>
				Phone no. <b>770-955-8600</b>

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

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

**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

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ..... 0. (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)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 .....		0.		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)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			0.	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)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		0.		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)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....	0.	0.				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)						
<b>Totals</b> (carry to Part II, line (5)) .....	0.	0.				0.

COUNCIL OF STATE AND TERRITORIAL

Form 990-T (2017) 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)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Form 990-T (2017)



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

For the taxable year beginning				10/01/2017		and ending		09/30/2018			
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					
2635 CENTURY PARKWAY, NE,											
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		30345									
						<b>SCHEDULE 1</b>					
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			
<b>COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX</b>						<b>SCHEDULE 2</b>					
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 _____											
<b>Estimated Tax</b> ▶						<b>Refunded</b> ▶					

**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.

**JEFFREY P. ENGEL, MD**  
 Signature of Officer  
**EXECUTIVE DIRECTO**      08/14/19  
 Title                                      Date

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