** PUBLIC DISCLOSURE COPY **

Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2019** Open to Public Inspection

A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020

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

C Name of organization: COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 2635 CENTURY PARKWAY, NE Room/suite: 700

City or town, state or province, country, and ZIP or foreign postal code: ATLANTA, GA 30345

D Employer identification number: 23-7410799

E Telephone number: (770)458-3811

G Gross receipts $ 15,311,429.

F Name and address of principal officer: JANET HAMILTON SAME AS C ABOVE

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CSTE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1992 **M** State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	66
6	Total number of volunteers (estimate if necessary)	6	1000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	17,370,195.	15,036,694.
9	Program service revenue (Part VIII, line 2g)	1,196,315.	243,211.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,931.	13,985.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,750.	17,539.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,597,191.	15,311,429.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,825,891.	3,961,400.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,860,682.	5,845,074.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,722,222.	5,430,005.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,408,795.	15,236,479.
19	Revenue less expenses. Subtract line 18 from line 12	188,396.	74,950.
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	5,512,088.	5,151,092.
21	Total liabilities (Part X, line 26)	2,609,759.	2,173,813.
22	Net assets or fund balances. Subtract line 21 from line 20	2,902,329.	2,977,279.

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

▶ JANET HAMILTON, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ALEISA HOWELL	ALEISA HOWELL	08/16/21		P00936721

Firm's name ▶ MAULDIN & JENKINS, LLC — Firm's EIN ▶ 58-0692043

Firm's address ▶ 200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 30339-5946 — Phone no. 770-955-8600

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 on Schedule O.)

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

4e Total program service expenses ▶

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	62			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	66		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	X	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

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 on Schedule O. See instructions.*

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.

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

19 Describe on 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 ▶

JANET HAMILTON - 770-458-3811

2635 CENTURY PARKWAY NE, SUITE 700, ATLANTA, GA 30345

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.

See instructions for the order in which to list the persons above.

☐ 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) JEFFREY P. ENGEL, MD EXECUTIVE DIRECTOR (OUTGOING)	42.00 1.00			X				264,295.	0.	32,673.
(2) JANET HAMILTON EXECUTIVE DIRECTOR (INCOMING)	42.00 1.00			X				138,244.	0.	35,329.
(3) BEVERLY CHRISTNER SENIOR DIRECTOR OF OPERATIONS	42.00					X		146,342.	0.	24,309.
(4) JOHN LISCO SENIOR DIRECTOR OF FINANCE (OUTGOING	41.00 1.00			X				149,548.	0.	18,603.
(5) JENNIFER LEMMINGS SENIOR DIR OF GOVERNANCE STRATEGY &	37.00					X		118,988.	0.	34,422.
(6) STEPHEN CLAY IT OPERATIONS MANAGER - APPLICATION	42.00					X		111,990.	0.	33,553.
(7) KEVIN GIBBS IT OPERATIONS MANAGER - DATABASE & N	41.00					X		113,490.	0.	31,143.
(8) DHARA SHAH SENIOR DIRECTOR OF PROGRAMS	43.00					X		111,225.	0.	24,989.
(9) SHELIA SCOTT SENIOR DIRECTOR OF FINANCE (INCOMING	46.00 1.00			X				112,536.	0.	15,185.
(10) SHERRI DAVIDSON, PHD, MPH PRESIDENT	5.00	X		X				0.	0.	0.
(11) SHARON WATKINS, PHD VICE PRESIDENT	5.00	X		X				0.	0.	0.
(12) RUTH LYNFIELD, MD PRESIDENT - ELECT	5.00	X		X				0.	0.	0.
(13) KATHRYN TURNER, PHD, MPH SECRETARY/TREASURER	4.00	X		X				0.	0.	0.
(14) SARAH PARK, MD PRESIDENT (OUTGOING)	2.00	X		X				0.	0.	0.
(15) ZACK MOORE, MD, MPH VICE PRESIDENT (OUTGOING)	2.00	X		X				0.	0.	0.
(16) MARCELLE LAYTON, MD SECRETARY/TREASURER (OUTGOING)	2.00 2.00	X		X				0.	0.	0.
(17) STEPHANIE AYERS-MILLSAP, MPH CROSS CUTTING I	4.00	X						0.	0.	0.

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) KEN KOMATSU, MPH CROSS CUTTING II	2.00	X						0.	0.	0.
(19) MELISSA JORDAN, MS, MPH ENVIRONMENTAL/OCCUPATIONAL	5.00	X						0.	0.	0.
(20) CATHERINE BROWN, DVM, MSC, MPH INFECTIOUS DISEASE	6.00	X						0.	0.	0.
(21) KATE GOODIN, MPH SURVEILLANCE/INFORMATICS	5.00	X						0.	0.	0.
(22) ROBERT GRAFF, PHD CHRONIC DISEASE/MATERNAL & CHILD HEA	2.00	X						0.	0.	0.
(23) BARBARA GABELLA, MSPH CROSS CUTTING I (OUTGOING)	2.00	X						0.	0.	0.
(24) RICHARD DANILA, PHD, MPH INFECTIOUS DISEASE (OUTGOING)	2.00	X						0.	0.	0.
(25) ANGELA DUNN, MD, MPH CHRONIC DISEASE/MATERNAL & CHILD HEA	5.00	X						0.	0.	0.

	(D)	(E)	(F)
1b Subtotal ▶	1,266,658.	0.	250,206.
c Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d Total (add lines 1b and 1c) ▶	1,266,658.	0.	250,206.

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 ▶ 9

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
HLN 72810 HEDGEHOG ST, PALM DESERT, CA 92260	CONSULTING	975,643.
EXECUSOURCE 3575 PIEDMONT RD NE #350, ATLANTA, GA 30305	CONTRACT CONSULTING	469,151.
HIGHWOODS REALTY LIMITED PARTNERSHIP, 3100 SMOKETREE COURT #600, RALEIGH , NC 27604	PROPERTY RENTAL	355,271.
CAVAROCCHI RUSCIO DENNIS ASSOCIATES LL, 600 MARYLAND AVE SW #835W, WASHINGTON, DC	MARKETING	188,228.
C3 INFORMATICS, LLC 500 HICKORY OAKS COURT, MILTON, GA 30004	CONSULTING	161,699.

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 ▶ 6

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	14,711,694.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	325,000.				
g Noncash contributions included in lines 1a-1f	1g	$				
h **Total.** Add lines 1a-1f			15,036,694.			
Program Service Revenue		**Business Code**				
2 a MEMBER FEES		611430	243,086.	243,086.		
b ANNUAL MEETINGS		611430	125.	125.		
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f			243,211.			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			13,985.			13,985.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
	(i) Real	(ii) Personal				
6 a Gross rents (6a)						
b Less: rental expenses (6b)						
c Rental income or (loss) (6c)						
d Net rental income or (loss)						
	(i) Securities	(ii) Other				
7 a Gross amount from sales of assets other than inventory (7a)						
b Less: cost or other basis and sales expenses (7b)						
c Gain or (loss) (7c)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		**Business Code**				
11 a MISCELLANEOUS		900099	9,078.			9,078.
b JOB POSTINGS		541800	8,111.			8,111.
c MAILING LIST		511140	350.			350.
d All other revenue						
e **Total.** Add lines 11a-11d			17,539.			
12 **Total revenue.** See instructions			15,311,429.	243,211.	0.	31,524.

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 [X]

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,216,915.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,744,485.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	699,700.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,730,041.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	225,405.			
9 Other employee benefits	858,570.			
10 Payroll taxes	331,358.			
11 Fees for services (nonemployees):				
a Management				
b Legal	6,201.			
c Accounting	15,200.			
d Lobbying	16,482.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,273,603.			
12 Advertising and promotion				
13 Office expenses	285,775.			
14 Information technology	371,044.			
15 Royalties				
16 Occupancy	665,465.			
17 Travel	290,047.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,453.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,300.			
23 Insurance	21,429.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	211,313.			
b TRAINING	52,786.			
c EQUIPMENT RENTAL	14,879.			
d BANK SERVICE CHARGES	11,783.			
e All other expenses	17,245.			
25 **Total functional expenses.** Add lines 1 through 24e	15,236,479.			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		3,269,353.	2	3,555,507.
	3	Pledges and grants receivable, net		1,617,445.	3	1,049,582.
	4	Accounts receivable, net		76,253.	4	26,500.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		77,229.	9	158,421.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 832,171.			
	b	Less: accumulated depreciation	10b 537,381.	422,090.	10c	294,790.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		49,718.	15	66,292.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		5,512,088.	16	5,151,092.
Liabilities	17	Accounts payable and accrued expenses		2,030,531.	17	1,545,991.
	18	Grants payable			18	
	19	Deferred revenue		98,513.	19	86,010.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		480,715.	25	541,812.
	26	**Total liabilities.** Add lines 17 through 25		2,609,759.	26	2,173,813.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,902,329.	27	2,977,279.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,902,329.	32	2,977,279.
	33	Total liabilities and net assets/fund balances		5,512,088.	33	5,151,092.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,311,429.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,236,479.
3	Revenue less expenses. Subtract line 2 from line 1	3	74,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,902,329.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,977,279.

Part XII Financial Statements and Reporting

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

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

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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).

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

Employer identification number 23-7410799

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		$ 14,457,180.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 347,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 160,068.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 52,446.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number: 23-7410799

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Employer identification number: 23-7410799

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A **Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ▶ $
3 Volunteer hours for political campaign activities

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

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

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

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

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

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

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

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

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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	105,449.
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	16,482.
b Carryover from last year	2b	
c Total	2c	16,482.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	68,542.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-52,060.

Part IV **Supplemental Information**

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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? ☐ Yes ☐ No

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

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

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

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

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

			Held at the End of the Tax Year
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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ▶ ______ %
b Permanent endowment ▶ ______ %
c Term endowment ▶ ______ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		50,094.	18,835.	31,259.
d Equipment		782,077.	518,546.	263,531.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				294,790.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	456,204.
(3) TENANT IMPROVEMENT ALLOWANCE	85,608.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	541,812.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

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

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

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, 2020 OR 2019 DUE TO UNCERTAIN TAX POSITIONS.

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 for the latest information.

OMB No. 1545-0047

2019

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? [X] Yes [ ] No

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

Part II — Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UTAH DEPT OF HEALTH PO BOX 144003 SALT LAKE CITY , UT 84114	87-6000545		336,363.	0.			FLU YR2
MICHIGAN DEPT OF HEALTH AND HUMAN SERV - PO BOX 30437 - LANSING, MI 48909	38-6000134		336,363.	0.			FLU YR2
OHIO DEPARTMENT OF HEALTH PO BOX 15278 COLUMBUS , OH 43215	31-1334820		211,005.	0.			FLU YR2
NORTH CAROLINA DEPT OF HLTH & HUMAN SVCS - 1902 MAIL SERVICE CENTER - RALEIGH, NC 27699-1902	56-2033116		125,882.	0.			INFOMATICS FIELD ASSIGNEE
KENTUCKY DEPT PUBLIC HEALTH 275 E MAIN ST FRANKFORT, KY 40621	61-0600439		117,930.	0.			INFOMATICS FIELD ASSIGNEE
MASSACHUSETTS, COMMONWEALTH OF ONE ASHBURTON PLACE, 9TH FLOOR BOSTON, MA 02108	04-6002284		104,586.	0.			NAS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 26.

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

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
TENNESSEE DEPARTMENT OF HEALTH 710 JAMES ROBERTSON PARKWAY, 2ND FL NASHVILLE , TN 37243	62-6001445		93,179.	0.			NAS
IOWA DEPT OF PUBLIC HEALTH 321 E 12TH STREET DES MOINES , IA 50319	42-6004523		87,994.	0.			FLU YR2
UTAH DEPT OF HEALTH PO BOX 144003 SALT LAKE CITY , UT 84114	87-6000545		70,062.	0.			ISHSP
OHIO DEPT OF HEALTH PO BOX 15278 COLUMBUS , OH 43215	31-1334820		66,465.	0.			INFOMATICS FIELD ASSIGNEE
OHIO STATE UNIVERSITY RESEARCH FOUNDATION - ACCTG DEPT, 4TH FLOOR, 1960 KENNY RD. - COLUMBUS, OH 43210-1063	31-6025986		65,543.	0.			FLU YR2
PHILADELPHIA DEPT OF PUBLIC HEALTH 1101 MARKET STREET SUITE 1320 PHILADELPHIA , PA 19107-2934	23-6003047		64,138.	0.			NAS
MICHIGAN DEPT OF HEALTH AND HUMAN SERV - PO BOX 30437 - LANSING, MI 48909	38-6000134		61,119.	0.			ISHSP
GEORGIA DEPT OF PUBLIC HEALTH 2 PEACHTREE ST NW STE 25-455 ATLANTA , GA 30303	90-0676388		48,389.	0.			NAS
IOWA DEPT OF PUBLIC HEALTH 321 E 12TH STREET DES MOINES , IA 50319	42-6004523		45,216.	0.			ISHSP

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
MICHIGAN DEPT OF HEALTH PO BOX 30437 LANSING, MI 48909	38-6000134		43,735.	0.			FLU YR2
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634		40,899.	0.			OPIOD CRISIS-WY ASSESSMENT
OHIO DEPT OF HEALTH PO BOX 15278 COLUMBUS , OH 43215	31-1334820		36,832.	0.			ISHSP
MARYLAND DEPT OF HEALTH 300 W. PRESTON ST, SUITE 202 BALTIMORE, MD 21201	52-6002033		36,616.	0.			FLU YR2
DAKOTA STATE UNIVERSITY 820 N. WASHINGTON AVE MADISON, SD 57042	46-6000364		32,066.	0.			INFOMATICS FIELD ASSIGNEE
IOWA DEPT OF PUBLIC HEALTH 321 E 12TH STREET DES MOINES , IA 50319	42-6004523		27,500.	0.			FLU YR2
MAINE CENTER FOR DISEASE CONTROL AND PREVENTION - 286 WATER ST., 6TH FLOOR - AUGUSTA, ME 04333	01-6000001		25,028.	0.			FLU YR2
INDIANA STATE DEPT OF HEALTH 2 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46204	35-6000158		19,405.	0.			FLU
MINNESOTA DEPT OF HEALTH PO BOX 64975 ST. PAUL, MN 55164	41-6007162		17,000.	0.			FLU

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04-01-19

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
MICHIGAN DEPT OF HEALTH PO BOX 30437 LANSING, MI 48909	38-6000134		13,600.	0.			FLU
CSTE FOUNDATION 2635 CENTURY PARKWAY NE ATLANTA , GA 30345	47-4094953		90,000.	0.			FUNDING DAY-TO-DAY OPERATIONS

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	67	1,703,627.	0.		
ILLINOIS SUBSTANCE ABUSE FELLOW	1	40,858.	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.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number 23-7410799

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (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	1b	X	
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?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
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	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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	(i)	254,295.	10,000.	0.	15,858.	16,815.	296,968.	0.
EXECUTIVE DIRECTOR (OUTGOING)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JANET HAMILTON	(i)	138,244.	0.	0.	8,295.	27,034.	173,573.	0.
EXECUTIVE DIRECTOR (INCOMING)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BEVERLY CHRISTNER	(i)	138,842.	7,500.	0.	8,781.	15,528.	170,651.	0.
SENIOR DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN LISCO	(i)	149,548.	0.	0.	8,973.	9,630.	168,151.	0.
SENIOR DIRECTOR OF FINANCE (OUTGOING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER LEMMINGS	(i)	113,988.	5,000.	0.	7,139.	27,283.	153,410.	0.
SENIOR DIR OF GOVERNANCE STRATEGY &	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

EMPLOYEES HAVE A WELLNESS BENEFIT OF UP TO $25 PER MONTH.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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, AND 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, 84% OF FELLOWSHIP GRADUATES WORKED IN STATE, LOCAL, OR FEDERAL PUBLIC HEALTH AGENCIES FOR AT LEAST A YEAR FOLLOWING THE FELLOWSHIP.

AEF HIGHLIGHTS

1) BROOKE TALBOT, MS, A CLASS XVI FOODBORNE INFECTIOUS DISEASE FELLOW AT THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE, WAS ACTIVATED TO SUPPORT NEW YORK CITY'S BUREAU OF IMMUNIZATIONS DURING THE MEASLES OUTBREAK THAT BEGAN IN OCTOBER 2018. SHE ASSISTED IN DEVELOPMENT AND TRAINING OF A SYSTEMATIC WORKFLOW FOR HOUSEHOLD CONTACT TRACING DURING THE EMERGENCY RESPONSE, COMMUNICATED AND COORDINATED WITH CASE INVESTIGATORS ABOUT CASE CONTACTS' IMMUNE STATUS AND ELIGIBILITY FOR POST-EXPOSURE PROPHYLAXIS, AND COORDINATED WITH PRIMARY CARE PROVIDERS OF CASES. SHE ALSO IDENTIFIED AND NOTIFIED BUILDINGS WITH MULTIPLE CASES AND IDENTIFIED POTENTIAL GEOGRAPHIC CHAINS OF TRANSMISSION USING GOOGLE EARTH.

2) ELIZABETH HEITZ, MPH, A CLASS XVI ENVIRONMENTAL HEALTH FELLOW AT THE MARYLAND DEPARTMENT OF HEALTH, PERFORMED AN EVALUATION OF MARYLAND'S CHILDHOOD LEAD REGISTRY TO EXAMINE WHETHER THE SYSTEM WAS EFFECTIVELY CAPTURING ALL CHILDREN WITH BLOOD LEAD CONCENTRATIONS ABOVE THE

REFERENCE LEVEL, PRODUCING ACCURATE ESTIMATES OF LEAD EXPOSURE OVER TIME AND IN SENSITIVE SUB-POPULATIONS, AND PROVIDING DATA OF SUFFICIENT QUALITY AND TIMELINESS FOR INTERVENTION. SHE CONDUCTED KEY INFORMANT INTERVIEWS WITH STAKEHOLDERS TO UNDERSTAND OPERATIONS AND EVALUATE QUALITATIVE ATTRIBUTES OF THE SYSTEM, PERFORMED AN ANALYSIS OF THE REGISTRY DATA TO ASSESS QUANTITATIVE SYSTEM ATTRIBUTES, AND PRESENTED HER PRELIMINARY RESULTS AT THE 2019 CSTE ANNUAL CONFERENCE.

3) KATHARINE (KAYLA) BRUCE, MPH, A CLASS XVI MATERNAL AND CHILD HEALTH FELLOW AT THE LOUISIANA DEPARTMENT OF HEALTH, WAS HONORED AS CSTE'S 2020 HILLARY B. FOULKES AWARD RECIPIENT. HER FELLOWSHIP WORK DEMONSTRATED A COMMITMENT TO MATERNAL AND CHILD HEALTH, INCREASING ACCESS TO REPRODUCTIVE CARE, AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY. HER WORK INCLUDED AN ANALYSIS OF DISPARITIES IN POSTPARTUM CONTRACEPTIVE METHOD USE, WHICH WAS PUBLISHED IN MATERNAL AND CHILD HEALTH JOURNAL. SHE ALSO WROTE CODE TO CALCULATE HEALTH EQUITY METRICS FOR ALL CENSUS TRACTS IN LOUISIANA AND CREATED A GUIDE TO FACILITATE USE OF THESE METRICS IN STATEWIDE SURVEILLANCE AND REPORTING. AFTER HER FELLOWSHIP, SHE STAYED AT THE LOUISIANA DEPARTMENT OF HEALTH AS THE MATERNAL MORBIDITY AND MORTALITY EPIDEMIOLOGIST.

4) KIRTANA RAMADUGU, MPH, A CLASS XV INFECTIOUS DISEASES FELLOW AT THE FLORIDA DEPARTMENT OF HEALTH, WORKED ON A VARIETY OF PROJECTS IN AREAS SUCH AS ZOONOTIC, VECTORBORNE, FOOD AND WATERBORNE, HIV, AND INJURY. MAJOR PROJECTS INCLUDED STUDYING CARBON MONOXIDE POISONINGS IN FLORIDA FOLLOWING HURRICANE IRMA AND ALSO EXAMINING LOCAL TRANSMISSION OF ZIKA, CHIKUNGUNYA, AND DENGUE VIRUSES. FOLLOWING GRADUATION FROM THE

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FELLOWSHIP, KIRTANA WORKED AS A TOBACCO EPIDEMIOLOGIST AND IS NOW A LABORATORY EPIDEMIOLOGIST AT THE OHIO DEPARTMENT OF HEALTH.

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

TRAININGS AND RESOURCES:

1) DEVELOPED A PROTOCOL AND DATA COLLECTION GUIDANCE DOCUMENT TO STANDARDIZE HEALTH DEPARTMENT REPORTING OF INFECTIOUS PERSONS WITH RECENT TRAVEL TO CDC'S QUARANTINE STATIONS.

2) PROVIDED SAS E-LEARNING COURSES TO 23 HIV SURVEILLANCE STAFF ACROSS VARIOUS JURISDICTIONS TO BUILD EPIDEMIOLOGIC CAPACITY.

3) RELEASED A WATERBORNE OUTBREAK RESPONSE TRAINING MODELED AFTER THE EPI-READY TEAM TRAINING FOR FOODBORNE OUTBREAK RESPONSE IN SPRING 2020.

4) SUPPORTED CIFOR'S RELEASE OF GUIDELINES FOR FOODBORNE DISEASE OUTBREAK RESPONSE, 3RD ED. IN MAY 2020, AS WELL AS THE RELEASE OF THE FOOD SAFETY PROGRAMS REFERENCE GUIDE IN OCTOBER 2019. THE LATTER IS A COMPILATION OF CURRENT GOVERNMENTAL FOOD SAFETY EFFORTS AIMED AT DETECTING, INVESTIGATING, CONTROLLING, OR PREVENTING FOODBORNE DISEASE IN THE U.S.

5) RELEASED A TOOLKIT FOR ENHANCED GONORRHEA SURVEILLANCE IN JANUARY 2020, WITH THE GOAL OF IMPROVING THE EPIDEMIOLOGICAL CAPACITY OF JURISDICTIONS IN CONDUCTING ENHANCED GONORRHEA SURVEILLANCE.

6) RELEASED THE ANTIMICROBIAL RESISTANCE SURVEILLANCE TASKFORCE (ARSTF)

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YEAR 3 REPORT AND RECOMMENDATIONS FOR ANTIMICROBIAL RESISTANCE SURVEILLANCE IN THE UNITED STATES.

7) LAUNCHED AN ONLINE COURSE, "CREATING AN ACTION PLAN FOR OPIOID SURVEILLANCE," FOR MEMBERS AND THE PUBLIC VIA CSTE LEARN, AN E-LEARNING PLATFORM ON THE CSTE WEBSITE.

8) PROVIDED AN IN-PERSON SUICIDE PREVENTION GATEKEEPER TRAINING IN THE U.S. VIRGIN ISLANDS (USVI) FOR 98 COMMUNITY STAKEHOLDERS AND USVI DEPARTMENT OF HEALTH PERSONNEL.

9) COVID-19 | DEVELOPED AND CURATED THE CSTE COVID-19 RESPONSE RESOURCE REPOSITORY AND RELATED DISCUSSION FORUMS ON BASECAMP TO ENCOURAGE JURISDICTIONAL SHARING OF INFORMATION, RESOURCES, BEST PRACTICES, AND CHALLENGES.

10) COVID-19 | DEVELOPED AND CURATED A CASE INVESTIGATION/CONTACT TRACING (CI/CT) WORKFORCE DEVELOPMENT RESOURCE REPOSITORY FOR EPIDEMIOLOGISTS SUPPORTING CI/CT.

11) COVID-19 | APPROVED TWO INTERIM POSITION STATEMENTS TO (1) STANDARDIZE AND (2) UPDATE THE CASE DEFINITION FOR COVID-19 AND ADD COVID-19 TO THE LIST OF NATIONALLY NOTIFIABLE CONDITIONS.

12) COVID-19 | DEVELOPED AN APPENDIX ON EPIDEMIOLOGICAL CLASSIFICATION OF WORK-RELATEDNESS TO ACCOMPANY THE COVID-19 POSITION STATEMENT.

13) COVID-19 | IN COLLABORATION WITH THE COUNCIL FOR OUTBREAK RESPONSE:

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HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIMICROBIAL-RESISTANT PATHOGENS (CORHA) OUTBREAK DETECTION AND REPORTING WORKGROUP, DEVELOPED SETTING-SPECIFIC COVID-19 OUTBREAK DEFINITIONS AND REPORTING THRESHOLDS TO SUPPORT COVID-19 OUTBREAK INVESTIGATION AND REPORTING IN PUBLIC HEALTH AUTHORITIES (PHAS).

14) COVID-19 | DEVELOPED AND DISSEMINATED RECOMMENDED INTERIM GUIDANCE FOR COLLECTING EMPLOYMENT INFORMATION ABOUT COVID-19 CASES.

15) COVID-19 | COLLECTED AND PUBLISHED ELR POINTS OF CONTACTS FOR LABORATORIES AND OTHER REPORTING ENTITIES TO CONNECT WITH THE APPROPRIATE PUBLIC HEALTH AGENCY.

16) COVID-19 | DISSEMINATED A COVID-19 ELR CAPABILITIES AND NEEDS ASSESSMENT FOR CSTE, APHL, AND CDC TO BETTER UNDERSTAND THE ELR-RELATED TECHNICAL ASSISTANCE NEEDS OF PUBLIC HEALTH AGENCIES.

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

BUILDING STLT CAPACITY:

1) ASSESSED BEHAVIORAL AND MENTAL HEALTH IMPACTS OF HURRICANES IRMA AND MARIA IN USVI THAT INFORMED THE DEVELOPMENT OF EVIDENCE-BASED RECOMMENDATIONS TO PREPARE FOR FUTURE HURRICANES AND ENVIRONMENTAL DISASTERS.

2) CONTINUED FUNDING FOR THREE HEALTH DEPARTMENTS AND AWARDED NEW FUNDING TO ONE HEALTH DEPARTMENT TO PARTICIPATE IN

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LABORATORY-CONFIRMED, POPULATION-BASED, ALL-AGES, INFLUENZA HOSPITALIZATION SURVEILLANCE FOR THE 2019-20 INFLUENZA SEASONS. FUNDED 17 STATE AND LOCAL JURISDICTIONS TO PARTICIPATE IN OPTIONAL ACTIVITIES TO ADDRESS SPECIFIC GAPS IN NATIONAL INFLUENZA SURVEILLANCE.

3) HOSTED A FOUR-PART INTERACTIVE LEARNING SERIES, IN PARTNERSHIP WITH HEALTHHIV, ON IDENTIFYING AND SHARING STLT BEST PRACTICES FOR INTEGRATING HIV SURVEILLANCE AND PREVENTION PROGRAMS.

4) SUPPORTED MULTI-YEAR INFORMATICS FIELD ASSIGNEE (IFA) POSITIONS IN FOUR JURISDICTIONS TO INCREASE INFORMATICS WORKFORCE CAPACITY.

5) PUBLISHED MULTIPLE CONTENT RELEASES OF REPORTING SPECIFICATIONS FOR 89 CONDITIONS IN THE REPORTABLE CONDITIONS KNOWLEDGE MANAGEMENT SYSTEM (RCKMS), CONTINUED TO DEVELOP THE AUTHORING INTERFACE AND DECISION SUPPORT SERVICE RCKMS TOOL, AND SUPPORTED JURISDICTIONS IN IMPLEMENTING ELECTRONIC CASE REPORTING (ECR).

6) SUPPORTED THE NSSP COMMUNITY OF PRACTICE (COP) INCLUDING THE CORE COMMITTEE, NUMEROUS WORKGROUPS, AND KNOWLEDGE REPOSITORY TO ENHANCE SYNDROMIC SURVEILLANCE CAPACITY AND INFORMATION SHARING.

7) HOSTED A FOUR-PART DATA LINKAGE WEBINAR SERIES FOR DRUG OVERDOSE SURVEILLANCE FEATURING BEST PRACTICES FOR COMBINING DATA SOURCES TO BETTER UNDERSTAND THE TOTAL BURDEN OF OVERDOSE IN JURISDICTIONS.

8) FUNDED FOUR JURISDICTIONS TO PILOT THE CSTE NEONATAL ABSTINENCE SYNDROME STANDARDIZED SURVEILLANCE CASE DEFINITION, TIER 1.

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9) COVID-19 | STRENGTHENED STLT WORKFORCE CAPACITY THROUGH THE CDC/CSTE APPLIED EPIDEMIOLOGY FELLOWSHIP (AEF) PROGRAM WITH ALL FELLOWS CONTRIBUTING TO THE COVID-19 RESPONSE AT THEIR HOST SITES AND BY PLACING 11 NEW COVID-19-FOCUSED FELLOWS ACROSS THE COUNTRY.

10) COVID-19 | SUPPORTED FOUR INFLUENZA HOSPITALIZATION SURVEILLANCE PROJECT (IHSP) SITES TO CONDUCT COVID-19 SURVEILLANCE ACTIVITIES AND PARTICIPATE IN COVID-NET.

11) COVID-19 | SUPPORTED FIVE ACADEMIC AND PRIVATE INDUSTRY GROUPS TO DEVELOP COVID-19 FORECASTS AND INTERVENTION-FOCUSED MATHEMATICAL MODELS TO ENHANCE APPLIED PUBLIC HEALTH DECISION MAKING FOR INTERVENTION AND MITIGATION STRATEGIES.

12) COVID-19 | SUPPORTED SIX PUBLIC HEALTH AGENCIES TO CONDUCT SURVEILLANCE AND INVESTIGATION ACTIVITIES FOR SARS-COV-2 IN ANIMALS.

13) COVID-19 | SUPPORTED TWENTY-FIVE PUBLIC HEALTH AGENCIES TO IMPLEMENT AN 11-QUESTION COVID-19 SUPPLEMENT ON MATERNAL BEHAVIORS AND EXPERIENCES BEFORE, DURING, AND SHORTLY AFTER PREGNANCY, AS PART OF THEIR ROUTINE JURISDICTIONAL MATERNAL CHILD HEALTH SURVEILLANCE.

14) COVID-19 | SUPPORTED SIX JURISDICTIONS TO COLLABORATE ACROSS PUBLIC HEALTH AGENCIES AND MEDICAL EXAMINER'S OFFICES TO DEVELOP AND IMPLEMENT PROTOCOLS FOR ENHANCING IDENTIFICATION AND INVESTIGATION OF UNEXPLAINED RESPIRATORY DEATHS OCCURRING OUTSIDE THE HEALTHCARE SETTING.

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CONVENINGS & MEETINGS:

1) CONVENED 14 WORKSHOPS AT THE 2019 CSTE ANNUAL CONFERENCE TO PROVIDE TRAINING, BUILD CAPACITY, AND DEVELOP SUBJECT MATTER EXPERTISE.

2) HOSTED AN INFECTIOUS DISEASE FORECASTING FOR PUBLIC HEALTH WORKSHOP TO PROVIDE AN IN-DEPTH REVIEW OF FORECASTING INITIATIVES AND METHODOLOGIES FOR INFLUENZA, VECTORBORNE DISEASES, AND OTHER INFECTIOUS DISEASES, OBTAIN INPUT ON PRODUCTS AND TOOLS DEVELOPED THROUGH THE CDC/CSTE FORECASTING WORKGROUP, AND EXPLORE WAYS TO IMPROVE THE UTILITY AND INTEGRATION OF FORECASTING INTO PUBLIC HEALTH DECISION MAKING.

3) CONTINUED TO CO-CHAIR CORHA, HOSTING AN IN-PERSON COUNCIL MEETINGS IN ATLANTA, GA (WINTER 2020) TO DEVELOP PATHOGEN-SPECIFIC RESOURCES AND THE CORHA HIGH LEVEL GUIDANCE FOR HAI/AR PATHOGENS.

4) HOSTED THE 2020 ARSTF STRATEGIC PLANNING MEETING TO PRIORITIZE FUTURE ACTIVITIES FOCUSED ON DATA LINKAGES, DATA SUPPRESSION, WORKFORCE DEVELOPMENT, AND ANTIMICROBIAL RESISTANCE THROUGH A ONE HEALTH APPROACH.

5) COVID-19 | FACILITATED RAPID BIDIRECTIONAL COMMUNICATIONS BETWEEN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) INCIDENT MANAGEMENT SYSTEM (IMS) RESPONSE AND CSTE MEMBERS BY SHARING INFORMATION, RESOURCES, AND GUIDANCE DOCUMENTS AND PROVIDING FEEDBACK TO INFORM RESPONSE STRATEGIES AND EMERGING RESPONSE NEEDS.

6) COVID-19 | HOSTED DAILY INTERNAL COVID-19 RESPONSE COORDINATION BRIEFINGS TO COORDINATE CSTE STAFF EFFORTS IN SUPPORT OF THE PANDEMIC

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RESPONSE.

7) COVID-19 | HOSTED WEEKLY COVID-19 ALL STATE EPI CALLS TO DISCUSS EMERGING ISSUES AND RESPONSE-RELATED NEEDS WITH STATE EPIDEMIOLOGISTS, CITY AND LARGE URBAN AREA EPIDEMIOLOGISTS (CLUE), AND THE CSTE EXECUTIVE BOARD.

8) COVID-19 | HOSTED WEEKLY CDC/CSTE COVID-19 CORE GROUP CALLS TO PROVIDE RAPID FEEDBACK ON NATIONAL RESPONSE STRATEGIES, PRE-DECISIONAL GUIDANCE DOCUMENTS, RESOURCES, AND TOOLS.

9) COVID-19 | HOSTED WEEKLY CDC/CSTE/ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL) COVID-19 CORE GROUP CALLS FOR COORDINATION ON EMERGING EPI-LAB ISSUES ASSOCIATED WITH THE PANDEMIC RESPONSE.

10) COVID-19 | HOSTED WEEKLY CSTE OCCUPATIONAL HEALTH (OH) COVID-19 CALLS WITH THE NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH) AND CSTE'S OCCUPATIONAL HEALTH SUBCOMMITTEE MEMBERS FROM APRIL 2020 TO AUGUST 2020. THE GROUP CURRENTLY CONVENES ON A MONTHLY BASIS.

11) COVID-19 | HOSTED BIWEEKLY COVID-19 HEALTHCARE-ASSOCIATED INFECTIONS (HAI) LISTENING SESSIONS WITH CDC'S DIVISION OF HEALTHCARE QUALITY PROMOTION AND CSTE'S HAI SUBCOMMITTEE.

12) COVID-19 | HOSTED BIWEEKLY CDC/APHL/CSTE COVID-19 SEROLOGY AND IMMUNITY WORKGROUP CALLS TO DISCUSS SEROPREVALENCE STUDIES APPROACHES AND ISSUES AROUND THE INTERPRETATION OF SEROLOGY RESULTS AND THE UTILITY FOR UNDERSTANDING DISEASE BURDEN.

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13) COVID-19 | HOSTED BIWEEKLY COVID-19 DATA PREPAREDNESS WORKGROUP CALLS TO ADDRESS ONGOING AND EMERGING CHALLENGES AND TOPICS OF INTEREST FOR COVID-19 DATA PREPAREDNESS, WITH AN EMPHASIS ON APPROACHING THESE DISCUSSIONS FROM AN INFORMATICS, SOLUTIONS-BASED PERSPECTIVE.

14) COVID-19 | HOSTED BIWEEKLY COVID-19 CASE INVESTIGATION AND CONTACT TRACING (CI/CT) WORKGROUP CALLS TO DISCUSS CHALLENGES AND PROMISING PRACTICES, INCLUDING METRICS AND INDICATORS FOR MEASURING IMPACT OF CI/CT ON DISEASE TRANSMISSION.

15) COVID-19 | HOSTED SEVERAL AD-HOC TOPICAL WEBINAR PRESENTATIONS, INCLUDING:

> DEMONSTRATIONS ON CONTACT TRACING TOOLS, ILLNESS MONITORING SYSTEMS, AND EXPOSURE NOTIFICATION TECHNOLOGY FOR COVID-19

> COVID-19 SEWAGE SURVEILLANCE

> COVID-19 SEROLOGY AND IMMUNITY UPDATES

> IMPLEMENTATION OF COVID-19 HEALTH EQUITY STRATEGY

> CDC COVID-19 PUBLIC USE DATASET

> SYNDROMIC SURVEILLANCE FOR COVID-19

> COVID-19 VACCINE DEVELOPMENT

> COVID-19 DURING PREGNANCY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PARTNERSHIPS:

1) COVID-19 | COLLABORATED WITH THE WORLD ECONOMIC FORUM ON TWO PROJECTS IN THE FORUM'S "INTERNET OF THINGS" PORTFOLIO AIMED AT IMPROVING TIMELINESS, COMPLETENESS, AND ACCURACY OF DATA FOR THE

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COVID-19 RESPONSE.

2) COVID-19 | ESTABLISHED AND EXPANDED PARTNERSHIPS WITH APHL, ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO), CDC FOUNDATION, ABBOTT, MODERNA THERAPEUTICS, PFIZER, PEW RESEARCH CENTER, ROBERT WOOD JOHNSON FOUNDATION, APPLE, AND GOOGLE.

3) COVID-19 | PROVIDED DESIGNATED USERS AT STATE, TERRITORIAL, LOCAL, AND TRIBAL (STLT) HEALTH AGENCIES COMPLIMENTARY ACCESS TO EXPERIAN HEALTH'S UNIVERSAL IDENTIFY MANAGER AND LEXIS NEXIS ACCURINT TO ASSIST IN CONTACT TRACING AND CASE INVESTIGATION EFFORTS.

4) COVID-19 | COORDINATED WITH APHL AND CDC ON ELECTRONIC LABORATORY REPORTING (ELR) TOPICS, INCLUDING FEEDBACK ON ASK ON ORDER ENTRY QUESTIONS AND THE CREATION OF THE NATIONAL ELR FLAT FILE AND HL7 (HEALTH LEVEL SEVEN) GENERATOR TOOL.

5) COVID-19 | COLLABORATED WITH ASTHO, NACCHO AND APHL ON MUTUAL COVID-19 RESPONSE PRIORITIES TO STREAMLINE OVERALL RESPONSE COORDINATION WITH CDC INCIDENT MANAGEMENT AND OTHER FEDERAL PUBLIC HEALTH AGENCIES.

POLICY:

1) CONTINUED SUPPORTING THE DATA: ELEMENTAL TO HEALTH CAMPAIGN WITH APHL, NAPHSIS, AND HIMSS TO TRANSFORM PUBLIC HEALTH SURVEILLANCE AND PUBLIC HEALTH DATA SYSTEMS. DATA: ELEMENTAL TO HEALTH ADVOCATED FOR INCREASED INVESTMENT IN THE PUBLIC HEALTH DATA INFRASTRUCTURE,

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ACHIEVING $50 MILLION IN FUNDING FOR CDC'S DATA MODERNIZATION INITIATIVE (DMI) IN FY 2020 AND $500 MILLION THROUGH COVID-19 RELIEF APPROPRIATIONS.

2) CO-SIGNED SEVERAL LETTERS TO CONGRESS AND FEDERAL GOVERNMENT AGENCIES, INCLUDING SEVERAL LETTERS WITH THE CDC COALITION, ASTHO AFFILIATES, AND APHL IN SUPPORT OF CDC BUDGET PRIORITIES. OTHER ADVOCACY LETTERS CSTE CO-SIGNED INCLUDE:

>IN SUPPORT OF PROVISIONS OF THE LEADING INFRASTRUCTURE FOR TOMORROW'S AMERICA (LIFT AMERICA) ACT TO INVEST IN PUBLIC HEALTH INFRASTRUCTURE.

>IN SUPPORT OF FUNDING FOR GLOBAL AND DOMESTIC TUBERCULOSIS PROGRAMS AT CDC.

>IN SUPPORT OF OVERALL FUNDING OF MORE THAN $8 BILLION FOR CDC IN FY 2020 AND 2021.

>IN SUPPORT OF HHS ACTION ON ANTIMICROBIAL RESISTANCE.

>IN SUPPORT OF FUNDING FOR CDC'S SURVEILLANCE FOR EMERGING THREATS TO MOTHERS AND BABIES PROGRAM.

>IN SUPPORT OF FUNDING FOR CDC'S EMERGING ZOONOTIC INFECTIOUS DISEASES AND THE ADVANCED MOLECULAR DETECTION PROGRAM.

>IN SUPPORT OF AN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) EMERGENCY TEMPORARY STANDARD FOR INFECTIOUS DISEASE TO ADDRESS COVID-19.

>IN SUPPORT OF FUNDING FOR THE NATIONAL WILDLIFE HEALTH CENTER.

>IN SUPPORT OF FUNDING FOR CDC'S PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE PROGRAM AND FOR THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE'S HOSPITAL PREPAREDNESS PROGRAM.

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Employer identification number 23-7410799

>IN SUPPORT OF MAINTAINING SOCIAL DISTANCING, TRAVEL, AND GATHERING GUIDELINES.

>IN SUPPORT OF $450 MILLION IN FUNDING FOR CDC'S DMI IN A FOURTH COVID-19 SUPPLEMENTAL APPROPRIATIONS PACKAGE.

>REQUESTING ACTION TO ALLEVIATE SHORTAGES OF VENTILATORS AND PERSONAL PROTECTIVE EQUIPMENT.

>IN SUPPORT OF A HEALTH DEFENSE OPERATIONS BUDGET DESIGNATION TO ALLOW FOR INCREASED INVESTMENTS IN PUBLIC HEALTH AND PANDEMIC PREPAREDNESS.

>IN SUPPORT OF RENEWING THE COVID-19 PUBLIC HEALTH EMERGENCY THAT WAS SET TO EXPIRE ON JULY 25, 2020.

>IN SUPPORT OF THE STRENGTHENING THE PUBLIC HEALTH WORKFORCE ACT TO INCENTIVIZE PEOPLE TO JOIN AND REMAIN IN THE PUBLIC HEALTH WORKFORCE.

3) PROVIDED A FORUM FOR SYNDROMIC SURVEILLANCE POLICY DISCUSSIONS THROUGH RECURRING MEETINGS OF THE CSTE SURVEILLANCE POLICY SUBCOMMITTEE.

4) SUBMITTED COMMENTS TO UNITED STATES PHARMACOPEIA (USP) ON PROPOSED REVISIONS FOR THE GENERAL CHAPTER <797> PHARMACEUTICAL COMPOUNDING STERILE PREPARATIONS.

5) SUBMITTED COMMENTS TO HHS REQUEST FOR PUBLIC COMMENT ON CDC'S UPDATED RECOMMENDATIONS FOR HEPATITIS C SCREENING AMONG ADULTS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ACTIVE MEMBERSHIPS AND ASSOCIATE MEMBERSHIPS FOR

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

Employer identification number 23-7410799

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. IN FY20, THERE WERE 1,795 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ELECTION OF THE EXECUTIVE BOARD, POSITION STATEMENTS THAT DO NOT AFFECT STATE OR TERRITORIAL PUBLIC HEALTH LAW, AND OTHER SIMILAR MATTERS AS SPECIFIED IN THE BYLAWS OR DESIGNATED BY THE EXECUTIVE BOARD SHALL BE DETERMINED BY A VOTE OF THE ACTIVE MEMBERS BY ELECTRONIC BALLOT AT A TIME BEFORE THE ANNUAL MEETING OR AS DESIGNATED BY THE EXECUTIVE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

OFFICIAL COUNCIL DECISIONS, SUCH AS POSITION STATEMENTS THAT AFFECT PUBLIC HEALTH LAW, ARE MADE BY VOTE WITH ONLY ONE VOTE PER STATE OR TERRITORY CAST BY THE STATE EPIDEMIOLOGIST OR AN OFFICIAL ACTIVE MEMBER REPRESENTATIVE FROM THE STATE OR TERRITORY DESIGNATED BY THE STATE EPIDEMIOLOGIST.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY MAULDIN & JENKINS, LLC, AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. FORM 990 IS THEN PROVIDED TO THE ORGANIZATIONS'S BOARD FOR REVIEW PRIOR TO FILING.

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:

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

Employer identification number 23-7410799

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, PART IX, LINE 11G, OTHER FEES:

OTHER CONSULTANTS & CONTRACTS	3,273,603.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,273,603.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number: 23-7410799

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
CSTE FOUNDATION, INC. - 47-4094953 2635 CENTURY PARKWAY NE, SUITE 700 ATLANTA, GA 30345	SUPPORT CSTE	GEORGIA	501(C)(3)	LINE 12A, I	CSTE, INC.		X

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

Schedule R (Form 990) 2019

932161 09-10-19 LHA

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **8868** (Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.

Taxpayer identification number (TIN)
23-7410799

Number, street, and room or suite no. If a P.O. box, see instructions.
2635 CENTURY PARKWAY, NE, NO. 700

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
ATLANTA, GA 30345

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ JANET HAMILTON 2635 CENTURY PARKWAY NE, SUITE 700 - ATLANTA, GA 30345
  Telephone No. ▶ 770-458-3811 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box .... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 16, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year ______ or
▶ [X] tax year beginning OCT 1, 2019 , and ending SEP 30, 2020 .

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

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

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