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Return of Organization Exempt From Income Tax**2008**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection**For the 2008 calendar year, or tax year beginning** Oct 1, **2008, and ending** Sep 30, **2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.		D Employer identification number 23-7410799
		Number and street (or P O box if mail is not delivered to street addr) Room/suite 2872 WOODCOCK BOULEVARD 303		E Telephone number (770) 458-3811
		City, town or country State ZIP code + 4 ATLANTA GA 30341		G Gross receipts \$ 6,486,052.
		F Name and address of principal officer Patrick J McConno 2872 Woodcock Blvd Atlanta GA 30341		
I Tax-exempt status ☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ www.cste.org				
K Type 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: <u>Development of State Surveillance and Epidemiologist Training</u>			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its 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		
Revenue	5 Total number of employees (Part V, line 2a)	5 22		
	6 Total number of volunteers (estimate if necessary)	6 600		
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 1,250.		
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	95,490.	6,146,592.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,450,667.	317,264.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,514.	20,946.	
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,550.	1,250.	
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,572,221.	6,486,052.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,696,399.		
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,015,187.	1,544,813.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,568,967.	1,860,837.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,584,154.	6,102,049.	
	19 Revenue less expenses Subtract line 18 from line 12	-11,933.	384,003.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
		21 Total liabilities (Part X, line 26)	1,414,174.	1,616,817.
22 Net assets or fund balances Subtract line 21 from line 20		915,046.	733,686.	
		499,128.	883,131.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <i>Patrick J. McConno</i> Type or print name and title	Date 5/5/10	Title Executive Director
Paid Preparer's Use Only	Preparer's signature <i>Laura H. Elledge</i> Laura H. Elledge	Date 04/13/10	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 CONN & COMPANY, LLC 800 MOUNT VERNON HWY STE 380 ATLANTA GA 30328-4293	EIN ▶	Preparer's identifying number (see instructions)

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**TEEA0101 04/23/09 Form **990** (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

- 1** Briefly describe the organization's mission:
CSTE promotes the effective use of epidemiologic data to guide public health practice and improve health. CSTE accomplishes this by supporting the use of effective public health surveillance and good epidemiologic practice through training, capacity development, peer consultation, developing standards for practice, and advocating for resources and scientifically based policy.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **1,741,510** including grants of \$ **1,741,510**) (Revenue \$ **0**)
CDC/CSTE Applied Epidemiology Fellowship Program provides advanced training to prepare recently graduated epidemiologists for successful careers in state or local health agencies. It was created to strengthen the workforce in applied epidemiology at state and local health agencies. CSTE, in collaboration with the CDC and the Association of Schools of Public Health, established the two-year Fellowship program to give recent graduates from schools of public health advanced training opportunities and preparation for successful careers as state or local epidemiologists.

CSTE provides administrative and technical support for a nation-wide fellowship program to recruit, train, and retain newly graduated epidemiologist into the public health workforce. The CSTE program addresses critical shortages by placing epidemiology trainees in a state or local health department under the mentorship of an experienced senior epidemiologist(s) for 2 years. An individualized training plan is established according to the needs of each fellow and objectives for workforce development in a specific program area or geographic location. The program fills a unique training niche, since none of the current public health fellowship programs (Continued on Schedule O)

4b (Code:) (Expenses \$ **372,780** including grants of \$ **372,780**) (Revenue \$ **0**)
CSTE has been working with CDC to develop strategies to improve influenza surveillance. A unifying theme for enhancement of these surveillance approaches has been the exploration of ways to expand the use of electronic sources of surveillance data. Following a previous CSTE expert consultation, three influenza surveillance approaches were prioritized for enhancement: 1) pneumonia and influenza mortality reporting; 2) laboratory data reporting; and 3) influenza-associated hospitalization reporting. The purpose of this objective is to support state health departments to develop and evaluate novel or enhanced approaches to influenza surveillance in these three areas. Five pilot states have been funded to develop these novel approaches to influenza surveillance and include Michigan, Wisconsin, New Hampshire, Utah, and Iowa.

4c (Code:) (Expenses \$ **296,747** including grants of \$ **296,747**) (Revenue \$ **0**)
CSTE funded three states to collect surveillance data to participate in the Influenza Super Sentinel Surveillance Pilot Project. The Influenza Super Sentinel Surveillance Pilot Project built upon the existing Influenza Sentinel Provider Surveillance Network to enhance influenza-like illness (ILI) and virologic surveillance during the interpandemic period and to test protocols that could meet some of the needs for increased surveillance during a pandemic. Providers were required to collect data on the number of ILI visits and total patient visits on a daily basis and obtain specimens from a subset of ILI cases identified throughout the 2008-2009 influenza season (Week 40 – Week 20). The goal of the Super Sentinel Surveillance Pilot Project was to determine if such a system can provide rate-based outpatient ILI data and do so in a more frequent manner than the surveillance system currently in place. Additionally, the project helped providers gain experience with increased frequency of reporting and specimen collection practices and laboratories to gain experience handling increased volumes of specimens for testing. Implementation of this pilot project also allowed state health departments and CDC to evaluate the feasibility of receiving and (Continued on Schedule O)

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ **3,320,170** including grants of \$ **3,320,170**) (Revenue \$ **0**)

4e Total program service expenses ► \$ **5,731,207** (Must equal Part IX, Line 25, column (B))

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	X	
6 Did the organization maintain any donor advised funds or any accounts where 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	X	
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	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? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	X

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Part V. Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 a 39		
1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c X	
2 a 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.		
2 a 22		
2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2 b X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b X	
4 a 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)?	4 a	X
b If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c	
6 a Did the organization solicit any contributions that were not tax deductible?	6 a X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b X	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9 a	
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from other members or shareholders.	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1 a Enter the number of voting members of the governing body		
1 b Enter the number of voting members that are independent		
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 a Does the organization have local chapters, branches, or affiliates?		X
9 b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	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?	X	
b Other officers of key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ PATRICK J. MCCONNON 2872 WOODCOCK BLVD., SUITE 303 ATLANTA GA 30341-4015 (770) 458-3811

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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) or more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Patrick J McConnon, MPH Executive Director	40.00				X			173,969.	0.	0.
Mel Kohn President	8.00	X		X				0.	0.	0.
Stephen Ostroff President-Elect	4.00	X		X				0.	0.	0.
Perry Smith Vice-President	2.00	X		X				0.	0.	0.
Tom Safranek Secretary-Treas.	2.00	X		X				0.	0.	0.
Sara Huston Chronic Disease/MCH/Oral Health	1.00	X						0.	0.	0.
Martha Stanbury Environmental/Occupational/Injury	1.00	X						0.	0.	0.
Laurene Mascola Infectious Disease	1.00	X						0.	0.	0.
Michael Landon At-Large	1.00	X						0.	0.	0.
Robert Rolfs At-Large	1.00	X						0.	0.	0.
Duc Vugia At-Large	1.00	X						0.	0.	0.
Patrick Quinlisk Past President	1.00	X						0.	0.	0.
Jeffrey Engle Infectious Disease	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b 120,750.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 6,025,842.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contribns included in lns 1a-1f.	\$				
	h Total. Add lines 1a-1f		6,146,592.			
PROGRAM SERVICE REVENUE		Business Code				
	2 a					
	b ANNUAL MEETINGS	874879	317,264.	317,264.	0.	0.
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		317,264.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		20,946.	0.	0.	20,946.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities (ii) Other				
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11 a						
b						
c						
d All other revenue		1,250.	0.	1,250.	0.	
e Total. Add lines 11a-11d		1,250.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		6,486,052.	317,264.	1,250.	20,946.	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	954,889.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,741,510.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	192,730.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,062,821.			
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	54,466.			
9 Other employee benefits	152,472.			
10 Payroll taxes	82,324.			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,500.			
d Lobbying	3,500.			
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	426,841.			
12 Advertising and promotion				
13 Office expenses	234,382.			
14 Information technology	48,533.			
15 Royalties				
16 Occupancy	150,956.			
17 Travel	569,088.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	132,189.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,474.			
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>FLU KITS GIVEN TO HEALTH DEPTS</u>	194,859.			
b <u>BANK PROCESSING FEES</u>	13,580.			
c <u>EQUIPMENT RENTALS</u>	28,968.			
d _____				
e _____				
f All other expenses	23,967.			
25 Total functional expenses. Add lines 1 through 24f	6,102,049.			
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2008)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	100,158.	1	323,507.
	2 Savings and temporary cash investments	644,551.	2	524,582.
	3 Pledges and grants receivable, net	374,058.	3	631,649.
	4 Accounts receivable, net	79,367.	4	31,344.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	3,899.	7	4,723.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	132,387.	9	43,732.
	10a Land, buildings, and equipment: cost basis	10a 138,669.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 84,542.	10c	54,127.
	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	3,153.	15	3,153.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,414,174.	16	1,616,817.	
LIABILITIES	17 Accounts payable and accrued expenses	748,763.	17	733,361.
	18 Grants payable		18	
	19 Deferred revenue	166,283.	19	325.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	915,046.	26	733,686.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	499,128.	27	883,131.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	499,128.	33	883,131.
	34 Total liabilities and net assets/fund balances	1,414,174.	34	1,616,817.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If 'Yes,' did the organization undergo the required audit or audits?	X	

BAA

Form 990 (2008)

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

► **To be completed by organizations described below.**

► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization

Employer identification number

COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

23-7410799

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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 own internal 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-

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

Schedule C (Form 990 or 990-EZ) 2008

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group
- 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
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c			
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 instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total 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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.' See Schedule C Instructions for details.

1 Dues, assessments and similar amounts from members	1	39,650.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	16,209.
b Carryover from last year	2b	8,989.
c Total	2c	25,198.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	25,773.
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 (line 2c total minus 3 and 4)	5	0.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

Employer identification number

COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

23-7410799

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit??		☐ Yes ☐ No

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

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1 a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as:

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

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

- (i) unrelated organizations
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		138,669.	84,542.	54,127.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				54,127.

BAA

Schedule D (Form 990) 2008

Part VII Investments—Other Securities 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)		

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

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

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Rent Deposits - Colonial Properties	3,153.
Total. Column (b) Total (should equal Form 990, Part X, col. (B), line 15)	3,153.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	6,486,052.
2	Total expenses (Form 990, Part IX, column (A), line 25)	6,102,049.
3	Excess or (deficit) for the year Subtract line 2 from line 1	384,003.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	384,003.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,486,052.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,486,052.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	6,486,052.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,102,049.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,102,049.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	6,102,049.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Council of State and Territorial Epidemiologists

Employer identification number

23 7410799

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance
Florida DOH							
Tallahassee, FL		Florida DOH	33,933				Influenza Incidence
Iowa DOH		Iowa DOH	114,171				Incidence & Surveillance
Des Moines, IA							
Minnesota DOH		Minnesota DO	37,396				Influenza Incidence
St. Paul, MN							
New York City DOH		New York City DO	37,353				Influenza Incidence
New York City, NY							
North Dakota DOH		North Dakota DO	30,959				Influenza Incidence
Bismark, ND							
Oregon DOH		Oregon DOH	37,339				Influenza Incidence
Portland, OR							
Utah DOH		Utah DOH	195,393				Incident, Surv. & Sentinel
Salt Lake City, UT							
Wisconsin DOH		Wisconsin DOH	145,724				Incidence & Surveillance
Madison, WI							
California Public Health Found.							SuperSentinel
City of Industry, CA		CA DOH	148,925				SuperSentinel
Connecticut DOH		Connecticut DO	44,635				SuperSentinel
Hartford, CT							
Michigan DOH		Michigan DOH	88,663				SuperSentinel
Lansing, MI							
New Hampshire DOH		New Hampshire	40,398				SuperSentinel
Concord, NH							
2 Enter total number of section 501(c)(3) and government organizations					12		
3 Enter total number of other organizations					0		

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

Cat. No. 50055P

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CDC/CSTE Training Fellowships	68	1,741,510.			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 CSTE executes a legally binding agreement with all grantees. This agreement describes the detailed terms and

Pt I Line 2 permissible uses of grant funds. Funded entities are required to submit regular progress reports detailing the use of funds 2-4

Pt I Line 2 times per year. Progress reports are reviewed internally and shared with stakeholders if needed and/or requested. Funded entities

Pt I Line 2 are required to submit budgets detailing estimated costs and expenditures of the award before any funds are disbursed. Any

Pt I Line 2 changes made by the grantee from the approved budget must be preapproved by CSTE. A final report is due at the end of the project.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees****Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number

23-7410799

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a.

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

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

Yes No**1 b****X****2****X****4 a****X****4 b****X****4 c****X****5 a****5 b****6 a****6 b****7****8****BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation				
Patrick J McConnon, MPH	(i) 170,679. (ii) 0.	(i) 0. (ii) 0.	(i) 3,290. (ii) 0.	10,241. 0.	0. 0.	184,210. 0.	185,859. 0.
Mel Kohn	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Stephen Ostroff	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Perry Smith	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Tom Safranek	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Sara Huston	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Martha Stanbury	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Laurene Mascola	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Michael Landen	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Robert Rolfs	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Duc Vugia	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Patricia Quinlisk	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
Jeffrey Engel	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.

BAA

TEEA4102 08/11/08

Schedule J (Form 990) 2008

Part III Supplemental Information

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

1a - Employees have a wellness benefit of up to \$25 per month.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Council of State and Territorial Epidemiologists

Employer identification number

23 : 7410799

Part VI Section A LINE 6 Classes of Membership. The Council shall have the following two classes of membership:

(a) Active Members. All persons engaged in the practice of epidemiology at the local, tribal, state, and territorial public health levels shall be eligible for active membership. More than one person from a local jurisdiction, state, tribe, or

territory may be an active member of the Council, including eligibility for office and committee participation. For membership and voting purposes, the District of Columbia is considered to have status equivalent to a state or territory.

(b) Associate Members. Associate membership shall be open to any former active member whose status has changed, rendering him/her ineligible to continue as an active member. Epidemiologists who practice in federal, military, or

international health agencies; academic institutions; nongovernment private volunteer organizations; medical-care organizations; or corporate settings are eligible for associate membership. Associate members shall enjoy all the rights and privileges of active members except the rights to vote at the Annual Meeting or any Regular or Special Meeting of the members of the Council, serve on the Executive Board of the Council, serve as Sub-Committee Chair or Consultant, or hold elected office.

Part VI Section A LINE 7a & b Official Council decisions, such as Executive Board elections, officer elections, changes in dues or amendments to these Bylaws or the Council's Articles of Incorporation, 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. Unless action is taken by written consent pursuant to Article VIII,

Section 8 below, votes must be cast in person at the Annual Meeting or the applicable Regular or Special Meeting.

Article 8 Section 8. Actions by Members or the Executive Board Without a Meeting. Any action required or permitted to be taken at a meeting of the members of the Council or of the Executive Board may be taken without a meeting if a consent in writing, email or fax, setting forth the action so taken, is sent by the requisite number of members or Executive Board members, as applicable, entitled to vote not less than the minimum number of votes that would be necessary to authorize or take the action. Such consent shall have the same force and effect as an affirmative vote at a meeting duly called.

Part VI Section A LINE 10 The final 990 with the Schedules is emailed to the Secretary/Treasurer eight days before it is filed. He has a full week to review.

Part VI Section B LINE 12b Policy requires immediate notification conflicts and we have started annual acknowledgement that all has been disclosed.

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Part VI Section B line 13 We plan to write one.

Part VI Section B line 14 We have document retention and destruction policies but they are not all documented and the even the ones that are documented are not located in one place. We plan to work on formalizing this policy.

Part VI Section B line 15b 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 Directors salary, and a copy is given to the Executive Director to use as a tool for setting the employees salaries.

Part VI Section C LINE 19 CSTE's Bylaws, Policies and Procedures Manual and Annual Reports are all on our website.

Members can access all the areas but nonmembers can only access the Bylaws. If anyone ever asked for items they could not view, we could email, fax or print.

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Part III LINE 4a specifically address all of the following components:

- A focus on applied epidemiology training
- Mentorship within state and local health departments across the country
- Applied epidemiology training geared toward recent graduates from schools of public health.

Principles of the Program

- The program offers high quality on-the-job training in epidemiology and related topics at a state or local health department through a mentorship model.
- The program is geared toward persons who are recruited for their interest in the practice of public health at the state or local level as a career focus.
- Training is activity and competency-based (i.e., graduates will be expected to develop a core set of skills during the course of the program by completing specified training activities).
- A major goal of the program is long-term job placement for participants in a state or local health department.
- The program provides a certain degree of flexibility to meet the needs of individual fellows or to meet priority objectives for workforce development within certain program areas.
- Fellows are placed in program areas according to CDC funding sources corresponding to that program at CDC.

CSTE recruited 33 masters and doctoral level epidemiologists and placed them in two year assignments in state, local and other appropriate health agencies in 2008. CSTE also renewed agreements with 18 epidemiologists for the second year of fellowship assignments. In partnership with CDC, CSTE provided a week long competency-based fellowship training in Atlanta to increase writing and presentation communication skills, knowledge of the public health system, public health law, risk communications and other subjects designed to begin the process of transition to becoming applied public health epidemiologists. All administrative and management support for the fellows in state, local and other health agencies was carried out by CSTE.

Part III LINE 4c analyzing daily ILI reports if needed during a pandemic. Finally, the Super Sentinel Surveillance Pilot Project helped determine the feasibility of establishing a platform for future study needs. The study period ended at the conclusion of the 2008-2009 Influenza Season. Follow-up analysis occurred during the summer 2009 and objectives of the pilot will be revised. Preliminary findings were discussed at the CSTE annual meeting in June 2009 at the influenza surveillance coordinators workshop.

Part III LINE 4d CSTE is an organization of Member States and Territories and represents the perspective of

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epidemiologists working in state and local governments in matters related to the practice of public health. It is also a professional association of over 1,150 public health epidemiologists working in federal, state, local, and tribal health agencies, and U.S. territories. CSTE works to establish more effective working relationships among state and federal agencies and with other public health agencies. It also provides technical advice and assistance to partner organizations, such as the Association of State and Territorial Health Officials (ASTHO), and to federal public health agencies such as Centers for Disease Control and Prevention (CDC).

National Office

CSTE has conducted national assessments on special topical areas to determine the authority and respective responsibilities of federal, state, local and tribal governments to conduct the public health core functions most closely related to epidemiology and surveillance. This series of assessments with state, local and tribal epidemiologists resulted in publications on surveillance capacity of all states and the District of Columbia.

CSTE has updated and displayed the data gathered via the National and State Notifiable Disease Surveillance System (NNDSS). The information is displayed at <http://www.cste.org/dnn/ProgramsandActivities/PublicHealthInformatics/PHIStateReportableWebsites/tabid/136/Default.aspx>. CSTE has worked with CDC to promote PHIN standards for disease reporting, which involves components in NEDSS base systems and non-NEDSS base systems.

CSTE created and implemented a uniform template for the development of case definitions for diseases, conditions, and behaviors placed under national or state surveillance and reviewed and reformatted all notifiable diseases and conditions using the template.

The CSTE National Office Staff assures effective administrative and professional support for members and collaboration with Federal, state and local public health agencies, public health associations, and other partners. CSTE supported over 2,500 practicing epidemiologists in state and local health departments by providing a forum to discuss important topics affecting the practice of epidemiology by providing updates on CSTE leadership decisions; briefings for members on various subjects; the infrastructure and support for electronic communications; and numerous calls with CDC constituents. CSTE is recognized as the resource for communication among our members. CSTE developed, displayed and shared changes in regulatory actions and rules made by federal partners i.e. CDC, FDA, and USDA that may be applicable to state based epidemiology programs. CSTE is also recognized as a resource for legislative analysis of new federal and state legislation that may affect state epidemiology programs. CSTE provided support for CSTE/CDC collaboration through organized process for CSTE consultants, members and leaders to interact with CDC. CSTE

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supported the preparation of the public health workforce by continuing to create opportunities to increase the capacity of public health agencies and competency of the public health workforce, particularly in applied public health epidemiology. CSTE developed a data collection instrument for the 2009 national Epidemiology Capacity Assessment (<http://www.cste.org/eca.asp>). CSTE has formulated and posted strategies and recommendations in building epidemiology capacity and data capacity in individual states and territories.

CSTE provided subject matter experts who are employed at the state, territorial, and local levels to meet with CDC leaders and within its Centers, Institutes and Offices to strategize for success on topical issues, assessment, data analysis, survey design and execution, informatics and interpretation of public health data. In addition, CSTE continued to create a recognizable forum and network for epidemiologists and public health professionals to seek guidance on policy, methods, interpretation of reports, professional development and other resources for use in their daily activities as applied public health epidemiologists. As part of its core activity, CSTE provided technical assistance to a wide variety of public health agencies and organizations and related institutions. These most notably include ASTHO and CDC where CSTE has provided technical assistance for many of their standing committees and workgroups. State epidemiologists are frequently called on to provide their perspective to all areas of CDC and cuts across epidemiology, surveillance, reporting, informatics, public health systems, programs and assessments.

CHRONIC DISEASE SURVEILLANCE AND EPIDEMIOLOGY

CSTE has posted formulated strategies and recommendations in building CD and MCH data capacity in states and territories. CSTE has developed position statements that identify new issues affecting states and territories and their implications in Maternal and Child Health and CD Epidemiology. CSTE has hosted seminars, conference calls, and regional roundtables on key issues. CSTE provides a forum for members to meet on key issues. CSTE is providing up-to-date information to policymakers through the CSTE website, newsletters, and other communications networks. CSTE has conducted, published, and distributed assessment measuring capacity in chronic disease and epidemiology individual states and territories. CSTE housed and maintained a directory of state chronic disease epidemiologists accessible via the CSTE website.

ENVIRONMENTAL EPIDEMIOLOGY AND SURVEILLANCE

CSTE promoted environmental public health tracking through the development and pilot testing of environmental public health indicators (see <http://www.cste.org/pdffiles/Environmentalpublichealthindicators.pdf>): CSTE has co-hosted a one-day workshop in conjunction with its annual meeting to highlight and address issues related to Environmental

Name of the organization	Employer identification number
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Public Health Tracking and Environmental Public Health Indicators. CSTE has conducted conference calls and face-to-face meetings with representatives from the other indicator projects undertaken by CSTE to address the issue of overlapping indicators and display. CSTE hosts conference calls with our workgroup members and federal partners, who interact to develop sound policy. CSTE is providing up-to-date information to policymakers through the CSTE website, newsletters, and other communications networks. CSTE members and staff have participated in consultancy opportunities requested by public health partners. The results and information shared from the consultancies is available on the CSTE website for all members to review and utilize. CSTE administered applied epidemiology fellowships in environmental health through the CDC/CSTE Applied Epidemiology Fellowship Program.

INFECTIOUS DISEASE SURVEILLANCE AND EPIDEMIOLOGY

CSTE's Infectious Disease subcommittees are the largest and most active groups within CSTE. The Infectious Disease subcommittees address issues related to: Enteric and Foodborne diseases, Hospital Acquired Infections, HIV/AIDS/ STDs, Influenza, Immunization and Vaccination, Hepatitis, Waterborne, Vectorborne and Zoonotic diseases. In alignment with their respective local, state, and territorial public health departments, CSTE members collaborate with federal public health programs (i.e. CDC, FDA, USDA, etc.) and CSTE sister organizations (i.e. APHL, ASTHO, NACCHO, NASTAD, etc.) to support projects related to infectious disease research, surveillance, preparedness, response, and prevention.

Infectious Disease subcommittee members also work collaboratively with other CSTE program areas (i.e. Public Health Informatics, Surveillance Policy Committee, etc.) to facilitate investigation, identification, diagnosis, treatment, and prevention of disease. In their efforts to prevent further spread of infectious diseases and to encourage timely reporting, CSTE's Infectious Disease Programs participate yearly in the update and creation of CSTE position statements related to case definitions for various infectious disease as well as placing and removing infectious diseases from the list of Nationally Notifiable Infectious Diseases.

CSTE co-chairs the Council for Improvement of Foodborne Outbreak Response (CIFOR). This multi-agency group has developed national guidelines for conducting foodborne surveillance, outbreak, and response activities. CSTE members and staff have participated in over 60 Infectious Disease-Oriented consultancy opportunities requested by public health partners. The results and information shared from the consultancies is made available on the CSTE website for all members to review and utilize.

NASPHV

The National Association of State Public Health Veterinarians (NASPHV), a professional organization of over 150 public

Name of the organization

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health veterinarians, was established in 1953 as the Association of State and Territorial Public Health Veterinarians

(ASTPHV). Since the early 1990s, the organization has hosted its annual meeting in conjunction with the Council of State and Territorial Epidemiologists (CSTE) annual conference. The organization works with CSTE and several other partner organizations to promote the role of veterinarians in public health and to address Zoonotic issues of public health concern. For more information, visit <http://www.nasphv.org/>.

OCCUPATIONAL SURVEILLANCE AND EPIDEMIOLOGY

CSTE has identified 19 occupational health indicators to help states build occupational health capacity by providing them with tools to collect and generate important basic information about the occupational health status of the community. A press release was issued. Since then, CSTE has published the 2004 indicator data at <http://www.cste.org/dnn/ProgramsandActivities/OccupationalHealth/OccupationalHealthIndicators/tabid/85/Default.aspx>.

This data, along with data from subsequent years, have been generated by a minimum of 13 states, and will be made available on the CSTE website for all members to review and utilize. CSTE has organized and conducted the annual SENSOR-ABLES meeting in conjunction with the annual CSTE meeting. CSTE provides policy support by calling on epidemiologists employed at the state, local, and territorial levels to provide support, experience and expertise for the review of new or established policies to guide applied public health, disease surveillance, epidemiology, and evaluation of public health programs through analysis of data. CSTE provides subject matter experts who are employed at the state, territorial, and local levels to meet with CDC leaders and within its Centers, Institutes and Offices (CIOs) to strategize for success on topical issues, assessment, data analysis, survey design and execution, informatics, and interpretation of public health data.

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

OMB No 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☒*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.	23-7410799
	Number, street, and room or suite number. If a P.O. box, see instructions	
	2872 WOODCOCK BOULEVAR, #303	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ATLANTA	GA 30341

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► PATRICK J. MCCONNON

Telephone No. ► (770) 458-3811

FAX No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 17, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20__ or
- ☒ tax year beginning Oct 1, 20 08, and ending Sep 30, 20 09.

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

3a If this application is for Form 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 Form 990-PF or 990-T, 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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2008)