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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Oct 1 **, 2009, and ending** Sep 30 , 2010

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.

Number and street (or P O box if mail is not delivered to street addr) | Room/suite
2872 WOODCOCK BLVD. | 303

City, town or country | State | ZIP code + 4
ATLANTA | GA | 30341

D Employer Identification Number
23-7410799

E Telephone number
(770) 458-3811

G Gross receipts $ 8,476,150.

F Name and address of principal officer
Patrick J McConno 2872 Woodcock Blvd Atlanta GA 30341

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (6) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.cste.org

H(c) Group exemption number ►

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation 1992 **M** State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Development of State Surveillance and Epidemiologist Training

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
5	Total number of employees (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	600
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	675.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,146,592.	7,960,383.
9	Program service revenue (Part VIII, line 2g)	317,264.	501,646.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,946.	13,446.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,250.	675.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,486,052.	8,476,150.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,696,399.	3,687,687.
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)	1,544,813.	1,617,660.
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)	1,860,837.	3,071,233.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,102,049.	8,376,580.
19	Revenue less expenses. Subtract line 18 from line 12	384,003.	99,570.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,616,817.	2,404,690.
21	Total liabilities (Part X, line 26)	733,686.	1,421,989.
22	Net assets or fund balances. Subtract line 21 from line 20	883,131.	982,701.

RECEIVED
MAY 16 2011
OGDEN, UT

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 5/18/11

► Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Laura N Ellenz — Date 5-9-11 — Check if self-employed ► ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► CONN & CO TAX PRACTICE, LLC
800 MOUNT VERNON HWY STE 380
ATLANTA GA 30328-4293

EIN ►

Phone no ► (770) 396-0015

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

613 21

SCANNED JUN 17 2011

Part III Statement of Program Service Accomplishments

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 $ 2,583,044 including grants of $ 2,583,044) (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 specifically address all of the following components:(Continued on Schedule O)

4b (Code:) (Expenses $ 606,605 including grants of $ 606,605) (Revenue $ 0)
CSTE awarded 7 states and one large city Iowa, Utah, New York City, Oregon, North Dakota, Wisconsin, Florida and North Dakota to conduct the Influenza Incidence Pilot Project. The Influenza Incidence (IIP) Pilot is an influenza surveillance pilot project that monitors the incidence of medically-attended attended influenza-like illness (ILI) and influenza-associated ILI. A sample of 34 providers in 8 states or jurisdictions with defined patient populations report weekly the number of ILI cases and total number of patient visits. Specimens are collected from all ILI patients for influenza rapid antigen testing. From the first 10 ILI patients each week, demographic and clinical data are collected and PCR testing is conducted, allowing for influenza detection verification, viral subtyping, and calculation of rapid antigen assay sensitivity and specificity. All sites reportied weekly to CDC and followed the project protocol.

4c (Code:) (Expenses $ 520,320 including grants of $ 520,320) (Revenue $ 0)
CSTE enrolled and funded 12 states and large cities to participate in the Influenza Incidence Surveillance Project (IISP). These sites include: FL, IA, NYC, LA County, MN, ND, NJ, OR, Philadelphia, UT, VA and WI and comprised a total of 72 clinical providers ranging from 3-9 providers for each site. The sites were selected after an expert panel of epidemiologists independently reviewed all submitted responses to the request for proposal that was made public in April 2010. CSTE continued to fund and monitor states and cities, previously selected to collect surveillance data in the IIP, to participate in the IISP. Although they followed the same protocol as the IIP, CSTE expanded laboratory testing in selected sites of the IISP to include other respiratory pathogens, such as RSV and rhinoviruses, and to evaluate the attributable proportion of each pathogen to these various definitions throughout the year. Testing for other respiratory pathogens will help to strengthen vaccination and antiviral policies,improve influenza prevention and control, and verify the positive predictive values of the ARI and ILI case definitions by determining the etiologic agent attributable to influenza negative patients. (Continued on Schedule O)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 4,181,545 including grants of $ 4,181,545) (Revenue $ 0)

4e Total program service expenses ▶ 7,891,514

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? *If 'Yes,' complete Schedule C, Part II*	4		
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*	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or 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*	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; 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 term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12 A		
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, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b	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*	15		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*	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
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	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) 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*	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	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*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *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, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
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 11 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

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 31		
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	
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 20		
2b	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* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b	X	
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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a	X	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 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		X
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		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any 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 other 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		

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 10		
b	Enter the number of voting members that are independent	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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 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*	9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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 of 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,' 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?	16b		

Section C. Disclosures

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

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(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				✓			188,351	0	0
LaKesha Robinson **Deputy Director**	40				✓			104,739	0	0
Stephen Ostroff, MD **President**	8	✓		✓				0	0	0
Tom Safranek, MD **President-Elect**	4	✓		✓				0	0	0
Mel Kohn **Vice President**	2	✓		✓				0	0	0
Tim Jones **Secretary-Treasurer**	2	✓		✓				0	0	0
Sara Huston **Chronic Disease/MCH/Oral Health**	1	✓						0	0	0
Martha Stanbury **Environmental/Occupational/Injury**	1	✓						0	0	0
Laurene Mascola **Infectious Disease**	1	✓						0	0	0
Katrina Hedberg **At-Large**	1	✓						0	0	0
Robert Rolfs **At-Large**	1	✓						0	0	0
Duc Vugia **At-Large**	1	✓						0	0	0
Perry Smith **Former Vice President**	1	✓						0	0	0
Michael Landen **Former At-Large**	1	✓						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	(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			
1b Total ▶								293,090	0	0

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

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
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*	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ **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	1a Federated campaigns	1a				
	b Membership dues	1b	124,260.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	7,836,123.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contribns included in lns 1a-1f: $					
	h **Total.** Add lines 1a-1f		7,960,383.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b ANNUAL MEETINGS	874879	501,646.	501,646.	0.	0.
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		501,646.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		13,446.	0.	0.	13,446.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue		675.	0.	675.	0.
	e **Total.** Add lines 11a-11d		675.			
	12 **Total revenue.** See instructions		8,476,150.	501,646.	675.	13,446.

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).

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 governments and organizations in the U.S. See Part IV, line 21	2,145,408.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,585,231.			
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	251,619.			
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	1,010,819.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	52,026.			
9 Other employee benefits	215,258.			
10 Payroll taxes	87,937.			
11 Fees for services (non-employees)				
a Management				
b Legal	1,500.			
c Accounting	14,285.			
d Lobbying	3,500.			
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other	333,452.			
12 Advertising and promotion				
13 Office expenses	263,506.			
14 Information technology	51,845.			
15 Royalties				
16 Occupancy	154,546.			
17 Travel	840,780.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	276,735.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,040.			
23 Insurance	3,395.			
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 BANK PROCESSING FEES	21,013.			
b EQUIPMENT RENTALS	30,365.			
c MISC	10,320.			
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	8,376,580.			
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		323,507.	1	491,184.
	2	Savings and temporary cash investments		524,582.	2	644,889.
	3	Pledges and grants receivable, net		631,649.	3	894,250.
	4	Accounts receivable, net		31,344.	4	0.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		4,723.	7	5,960.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		43,732.	9	316,460.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 130,764.			
	b	Less accumulated depreciation.	10b 81,970.	54,127.	10c	48,794.
	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)		1,616,817.	16	2,404,690.
LIABILITIES	17	Accounts payable and accrued expenses		733,361.	17	1,421,989.
	18	Grants payable			18	
	19	Deferred revenue		325.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		733,686.	26	1,421,989.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		883,131.	27	982,701.
	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.		883,131.	33	982,701.
	34	Total liabilities and net assets/fund balances.		1,616,817.	34	2,404,690.

Part XI Financial Statements and Reporting

		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
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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 in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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 in Schedule O and describe any steps taken to undergo such audits	3b	X	

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)).

	(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? If 'Yes,' describe in Part IV			
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 carryover lobbying and political 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) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	42,360.
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	15,145.
b Carryover from last year	2b	
c Total	2c	15,145.
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 (see instructions)	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 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. ► See separate instructions.

OMB No 1545-0047

2009

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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ► $

3 Volunteer hours

Part II-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 of 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 payments were made. 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

B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable 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					

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & 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' 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 for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ No

Part III 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of 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 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 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 easement it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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 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.

1a 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, 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 acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

		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? ☐ 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 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 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:

	Yes	No
(i) unrelated organizations — 3a(i)		
(ii) related organizations — 3a(ii)		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? — 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) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	0.	130,764.	81,970.	48,794.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	48,794.

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		
Closely-held equity interests		
Other		
Total. *(Column (b) must 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) must 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) must 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) must equal Form 990, Part X, col. (B) line 25)* ►	

2. FIN 48 Footnote 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)	8,476,150.
2	Total expenses (Form 990, Part IX, column (A), line 25)	8,376,580.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	99,570.
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 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	99,570.

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	8,476,150.
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	8,476,150.
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 must equal Form 990, Part I, line 12)		5	8,476,150.

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

1	Total expenses and losses per audited financial statements		1	8,376,580.
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 XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	8,376,580.
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 must equal Form 990, Part I, line 18)		5	8,376,580.

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, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number

23-7410799

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
South Asia	0	0	Program Services	One Health Training	28,310.
Totals ►	0	0			28,310.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) (2009)

Part III Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 .... ▶☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ..... ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Travel expenses to public health meeting	South Asia	11	28,310.	Wire, cc, cash	0.	0	0

Part IV Supplemental Information

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

Pt I Line 3 Col (F) Expenses were documented with the same required backup as any other
Pt I Line 3 Col (F) payment, such as invoices, receipts and signatures. Like any other
Pt I Line 3 Col (F) meeting they were recorded in the Other: Travel Category
Part III Col (C) Eleven people traveled to the meeting but other locals attended,
Part III Col (C) making the total number of participants greater.
Part III(e) Quotes of estimated costs were paid by wire transfers. Final costs were
paid by credit card on site upon submission of the final invoice. The
expense reports were signed and submitted on site and paid in cash.

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, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & 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 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
Massachussets DOH Boston MA	04-6002284		61,628.				Cardiovascular
Nebraska DOH Lincoln NE	47-0491233		50,246.				Cardiovascular
Idaho DOH Boise ID	82-6000925		34,093.				Infl Hosp Proj
Michigan DOH Lansing MI	38-6000134		33,262.				Infl Hosp Proj
Ohio DOH Columbus OH	31-1334820		33,332.				Infl Hosp Proj
Oklahoma DOH Oklahoma City OK	73-6017987		33,333.				Infl Hosp Proj
Rhode Island DOH Providence RI	05-6000522		32,627.				Infl Hosp Proj
Florida Tallahassee FL	59-3502843		74,359.				Infl Inc Pilot

2 Enter total number of section 501(c)(3) and government organizations ► 27

3 Enter total number of other organizations ► 0

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number

23-7410799

Part I 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
Iowa Des Moines IA	42-6004523		104,601.				Infl Inc Pilot
Minnesota St. Paul MN	41-6007162		112,188.				Infl Inc Pilot
New York City New York NY	13-6400434		-18,775.				Infl Inc Pilot
North Dakota Bismark ND	45-0309764		75,182.				Infl Inc Pilot
Oregon Portland OR	93-6001752		31,204.				Infl Inc Pilot
Utah Salt Lake City UT	87-6000545		115,357.				Infl Inc Pilot
Wisconsin Madison WI	39-6006469		112,489.				Infl Inc Pilot
Florida Tallahassee FL	59-3502843		73,333.	37,413.	Cost	QuickVue Flu A	Influ Inc Proj
Iowa Des Moines IA	42-6004523		73,308.	27,210.	Cost	QuickVue Flu A	Influ Inc Proj

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number

23-7410799

Part I 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
Los Angeles County Los Angeles CA	95-6000927		73,535.	27,210.	Cost	QuickVue Flu A	Influ Inc Proj
Minnesota St Paul MN	41-6007162		73,124.	40,814.	Cost	QuickVue Flu A	Influ Inc Proj
North Dakota Bismark ND	45-0309764		-17,860.	105,861.	Cost	Luminex, Quick	Influ Inc Proj
New Jersey Trenton NJ	21-6000928		-19,824.	119,518.	Cost	Luminex, Quick	Influ Inc Proj
New York City New York NY	13-6400434		22,050.	78,492.	Cost	Luminex, Quick	Influ Inc Proj
Philadelphia Philadelphia PA	23-7221025		70,395.	27,210.	Cost	QuickVue Flu A	Influ Inc Proj
Utah Salt Lake City UT	87-6000545		72,748.	13,605.	Cost	QuickVue Flu A	Influ Inc Proj
Virginia Richmond VA	54-6001775		32,301.	68,235.	Cost	Luminex,QuickV	Influ Inc Proj
Wisconsin Madison WI	39-6006469		67,211.				Influ Inc Proj

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number

23-7410799

Part I 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
Wisconsin Madison WI	39-6006469		64,043.				Cardiovascular

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and 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	78	2,583,044.			

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

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

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

PT II $27,209 = Cost of QuikVue Flu A+B kits were purchased during this tax year that are not yet

distributed. They will go to one or more of the above Influenza Inc.

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' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & 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 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			
☐ 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 (e.g , 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply			
☒ 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 in 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) and 501(c)(4) organizations must complete lines 5-9.			
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?	5a		
b Any related organization?	5b		
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?	6a		
b Any related organization?	6b		
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	7		
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	8		
9 If 'Yes' to 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 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) Retirement and other 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 reportable compensation				
Patrick J McConnon	(i)	184,995.	0.	3,356.	11,121.	0.	199,472.	184,210.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Sch J, page 3: Supplemental Information

Supplemental Information Smart Worksheet

Note Enter information specific to Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 here Choose a specific line number from the Line Number picklist and enter an explanation The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet

Line Number	Explanation
Pt I Line 1b	Employees have a wellness benefit of up to $25 per month.

Note. Enter the line number and explanation for lines not mentioned above here The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet

Line Number	Explanation

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Council of State and Territorial Epidemiologists

Employer identification number

23 7410799

Part III LINE 4a • 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. 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 carried out by CSTE.

Part III LINE 4c With the IISP project CSTE improved estimations of the disease burden of influenza and the geographic distribution and stability of the data by adding 4 sites (19 providers) to the IIP project, expanded the case definition in select sites to include patients with acute respiratory infections (ARI), and provided reasonable provider reporting incentives.

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

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

Core and National Office Activities

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 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 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 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. The organization has also populated a knowledgebase for the National Notifiable Disease Surveillance System (NNDSS) to include the State Reportable Conditions Assessment, State Reportable Query-Results Webpage, State Reportable Weblinks, Nationally Notifiable Conditions position statements and the list of Nationally Notifiable Conditions. CSTE members authored and introduced position statements to influence national policy and standards around epidemiology

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

and surveillance: In 2009, CSTE reformatted 73 Nationally Notifiable Conditions position statements to include condition-specific data elements, algorithms for case reporting and case classifications to standardize reporting to public health and notification to CDC.

CSTE has continued participation in the Joint Public Health Informatics Taskforce (JPHIT) with six other member organizations and provided testimony, written letters of support for urgent policy issues and provided expert feedback.

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. Examples of the assessments are listed below:

o State Reportable Conditions (SRCA)

o 2009 National Epidemiology Capacity (ECA) and program specific capacity assessments in Chronic Disease and Maternal and Child Health

o Community Health Assessment

o ArboNet

o Decreased NEDSS funding

o Guillain-Barre Syndrome Surveillance

o Current practices/future plans for surveillance of influenza hospitalizations and mortality

Other Key Accomplishments are:

• Co-sponsored regional epidemiology meetings in Florida, Oregon and New Jersey

• Award an epidemiologist practicing in state and local health departments the "National Epidemiology Recognition Award for Outstanding Practice in Addressing Racial and Ethnic Disparities"

• Convened the Disparities Subcommittee to: 1) to use epidemiology to document health disparities and 2) to provide quality data documenting health disparities to policy makers and collaborators at the local, tribal, territorial, state, and national levels

• Developed, pilot tested, compiled, and disseminated standardized indicators on environmental and public health effects of climate change for ongoing surveillance

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

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.

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 cut across epidemiology, surveillance, reporting, informatics, public health systems, programs and assessments.

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 maternal and child health epidemiology in 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 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

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

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 to review and utilize.

CSTE members have also participated in peer-to-peer consultations for new and less established HIV/AIDS Surveillance Coordinators.

Other Key Infectious Diseases Activities:

• Facilitated key communications between States and CDC with regular H1N1 influenza messages related to vaccines, surveillance and epidemiology, and community measures

• Continued support for the development and evaluation of novel or enhanced approaches to influenza surveillance in hospitalization reporting

• Provided epidemiologic staff support within the CDC Influenza Division to assist in H1N1 surveillance activities

• Conducted an influenza surveillance rapid assessment of morbidity and mortality deaths related to H1N1 among American Indian/Alaska Natives

• Facilitated key communications between States and CDC with regular H1N1 influenza messages related to vaccines, surveillance and epidemiology, and community measures

NASPHV

The National Association of State Public Health Veterinarians (NASPHV), a professional organization of over 150 public 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 maintained 19 occupational health indicators to help states build occupational health capacity by providing them them with tools to collect and generate important basic information about the occupational health status of the community. Since then, CSTE has published the 2005 indicator data at http://www.cste.org/dnn/ProgramsandActivities/OccupationalHealth/OccupationalHealthIndicators/tabid/85/Default.aspx. This data, along with data from previous 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,

Name of the organization: Council of State and Territorial Epidemiologists

Employer identification number: 23 7410799

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.

Pt V-B, Line 13 Policy at approval stage.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.

Employer identification number

23-7410799

Pt VI-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.

Pt VI-A, Line 7a Official Council decisions, such as Executive Board elections, officer elections, changes in dues

Pt VI-A, Line 7b or amendments to the 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.

Schedule O (Form 990) 2009

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

Pt VI-B, Line 11A The final 990 with the Schedules is mailed to the Secretary/Treasurer eight days before it is filed. He has a full week to review.

Pt VI-B, Line 12c Policy requires immediate notification of conflicts and we have started annual acknowledgement that all has been disclosed.

Pt VI-B, Line 15 Every three to five years, an independent contractor is hired to do a Salary and Wage review. Copies of the report are given to the Executive Board to use as a tool for setting the Executive Director's salary, and a copy is given to the Executive Director to use as a tool for setting the employees salaries.

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- 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	Name of Exempt Organization	Employer identification number
	COUNCIL OF STATE & TERRITORIAL EPIDEMIOLOGISTS, INC.	23-7410799
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P O box, see instructions 2872 WOODCOCK BLVD., #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)·

[X] 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 16, 20 11, to file the exempt organization return for the organization named above The extension is for the organization's return for·

► [ ] calendar year 20 ___ or

► [X] tax year beginning Oct 1, 20 09, and ending Sep 30, 20 10

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