



4. Financials

WALHDAB
Balance Sheet
As of June 30, 2009

	<u>Jun 30, 09</u>	<u>Jun 30, 08</u>
ASSETS		
Current Assets		
Checking/Savings		
10100 · Cash and Cash Equivalents		
10110 · Checking	13,882.82	5,990.39
10120 · Money Market	35,149.31	53,361.47
10130 · Johnson Bank CD - 6 month	8,534.20	8,534.20
Total 10100 · Cash and Cash Equivalents	<u>57,566.33</u>	<u>67,886.06</u>
Total Checking/Savings	<u>57,566.33</u>	<u>67,886.06</u>
Total Current Assets	<u>57,566.33</u>	<u>67,886.06</u>
TOTAL ASSETS	<u>57,566.33</u>	<u>67,886.06</u>
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
20000 · Accounts Payable	79.24	4,197.72
Total Accounts Payable	<u>79.24</u>	<u>4,197.72</u>
Total Current Liabilities	<u>79.24</u>	<u>4,197.72</u>
Total Liabilities	79.24	4,197.72
Equity		
32000 · Unrestricted Net Assets	63,688.34	71,627.25
Net Income	<u>(6,201.25)</u>	<u>(7,938.91)</u>
Total Equity	<u>57,487.09</u>	<u>63,688.34</u>
TOTAL LIABILITIES & EQUITY	<u>57,566.33</u>	<u>67,886.06</u>

	Jul '07 - Jun 08	Jul '08 - Jun 09	Jul '08 - Jun 09	Jul '08 - Jun 09	Jul '09 - Jun 10	Jul '10 - Jun 11
	ACTUAL	YTD (April)	EOY FORECAST	BUDGET	PROPOSED	DRAFT
INCOME						
Membership Dues	\$ 28,200.00	\$ 27,900.00	\$ 27,900.00	\$ 28,200.00	\$ 27,900.00	\$ 27,900.00
Annual Conference	\$	\$ 4,420.00	\$ 4,420.00	\$ 7,000.00	\$ 11,750.00	\$ 6,750.00
Interest Income	\$ 1,748.43	\$ 194.64	\$ 200.00	\$ 600.00	\$ 625.00	\$ 625.00
other				\$ 9,830.00	\$	\$
other				\$	\$	\$
other				\$	\$	\$
TOTAL REVENUE	\$ 29,948.43	\$ 32,514.64	\$ 32,520.00	\$ 45,630.00	\$ 40,275.00	\$ 35,275.00
EXPENSE						
Phone	\$	\$	\$	\$	\$	\$
Conference Call	\$ 1,053.10	\$ 488.35	\$ 750.00	\$ 1,200.00	\$ 594.00	\$ 594.00
Insurance					\$ 500.00	\$ 500.00
Bank fees		\$ 15.38	\$ 15.38		\$ 25.00	\$ 25.00
Dues	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00
Space Rental	\$ 613.80					
MARPHLI Scholarship				\$ 1,400.00	\$	\$
Web Hosting	\$ 744.36	\$ 95.00	\$ 95.00	\$ 500.00	\$ 95.00	\$ 95.00
Mileage (state board meetings)	\$	\$	\$	\$	\$ 500.00	\$ 500.00
Lodging	\$ 2,489.90					
travel				\$ 5,000.00	\$ 3,650.00	\$ 3,650.00
Exhibitor	\$ 200.00	\$ 200.00	\$ 200.00		\$ 200.00	\$ 200.00
Office Supplies	\$ 3.56	\$ 17.30	\$ 30.00		\$ 50.00	\$ 50.00
Copies	\$ 23.98	\$ 66.05	\$ 100.00		\$ 100.00	\$ 100.00
Postage	\$ 39.06	\$ 87.86	\$ 100.00	\$ 300.00	\$ 100.00	\$ 100.00
Gifts and Awards	\$ 161.08	\$ 100.00	\$ 450.00		\$ 500.00	\$ 500.00
Printing						
Management Services	\$ 16,500.00	\$ 18,331.00	\$ 22,000.00	\$ 22,000.00	\$ 22,000.00	\$ 22,000.00
Accounting	\$ 1,053.50	\$ 419.75	\$ 419.75		\$ 500.00	\$ 500.00
Legal	\$ 2,005.00				\$	\$
Lobbyist	\$ 12,700.00	\$ 11,275.00	\$ 14,280.00	\$ 14,280.00	\$ 14,553.00	\$ 15,246.00
Misc Administrative		\$ 10.00	\$ 10.00	\$ 450.00	\$ 500.00	\$ 500.00
Misc Fees		\$ 760.00	\$ 760.00		\$	\$
Misc secretary				\$ 200.00	\$	\$
other				\$	\$	\$
TOTAL EXPENSE	\$ 37,887.34	\$ 32,165.69	\$ 39,510.13	\$ 45,630.00	\$ 44,167.00	\$ 44,860.00
NET REVENUE/(loss)	\$ (7,938.91)	\$ 348.95	\$ (6,990.13)	\$	\$ (3,892.00)	\$ (9,585.00)

Short Form **TAXPAYER COPY**
Return of Organization Exempt From Income Tax

OMB No. 1545-1180

Form **990-EZ**

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WISCONSIN ASSOCIATION OF LOCAL HEALTH DEPARTMENTS AND BOARDS	D Employer identification number 39-1705099
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 702 EISENHOWER DRIVE SUITE A	E Telephone number 920-560-5610
		City or town, state or country, and ZIP + 4 KIMBERLY WI 54136	F Group Exemption Number N/A

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) _____

I Website: **WWW.WALHDAB.ORG**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; If \$100,000 or more, file Form 990 instead of Form 990-EZ **\$ 29,948**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Re	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	28,200
	4	Investment income	4	1,748
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
Re	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
Re	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
	8	Other revenue (describe _____)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	29,948
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	3,059
	14	Occupancy, rent, utilities, and maintenance	14	1,053
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe SEE STATEMENT 2)	16	33,776
	17	Total expenses. Add lines 10 through 16	17	37,888
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	-7,940
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	71,628
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	63,688

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	62,956	67,886
	Land and buildings		
	Other assets (describe SEE STATEMENT 3)	8,672	
25	Total assets	71,628	67,886
26	Total liabilities (describe SEE STATEMENT 4)	0	4,198
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	71,628	63,688

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2007)

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Table with 3 columns: Line number, Description of program service, and Expense amount. Includes lines 28-31 and a total line 32.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances.

Part V Other Information (Note the statement requirement in General Instruction V.)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 33-39 regarding organizational changes, reporting, and expenses.

Part V Other information (Note the statement requirement in General Instruction V.) (Continued)

40 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 _____ ; section 4912 _____ ; section 4955 _____

501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____

d Enter amount of tax on line 40c reimbursed by the organization _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? _____

41 List the states with which a copy of this return is filed. NONE

42a The books are in care of BADGER BAY MANAGEMENT COM Telephone no. 920-560-5610
702 EISENHOWER DRIVE SUITE A

Located at KIMBERLY, WI ZIP + 4 54136

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? _____

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country: _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? _____

If "Yes," enter the name of the foreign country: _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here _____
and enter the amount of tax-exempt interest received or accrued during the tax year 43

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date 9/16/08 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ANDERSON, TACKMAN & COMPANY, PLC
306 CHERRY STREET
GREEN BAY, WI 54301

Preparer's SSN or PTIN (See Gen. Instr. X) P00163456
EIN 38-1977929
Phone no. 920-432-6661

63094 WISCONSIN ASSOCIATION OF LOCAL
 39-1705099
 FYE: 6/30/2008

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	\$ 28,200
TOTAL	<u>\$ 28,200</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
SUPPLIES	228
TRAVEL	3,234
SPACE RENTAL	914
PROMOTIONS	200
MANAGEMENT SERVICES	16,500
CONSULTANT FEES	12,700
TOTAL	<u>\$ 33,776</u>

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 8,672	\$
TOTAL	<u>\$ 8,672</u>	<u>\$ 0</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	\$ 4,198
TOTAL	<u>\$ 0</u>	<u>\$ 4,198</u>

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE A UNIFIED FORUM FOR PUBLIC HEALTH LEADERSHIP
DEVELOPMENT ADVOCACY, EDUCATION AND FORGING OF COMMUNITY
PARTNERSHIPS FOR THE IMPROVEMENT OF PUBLIC HEALTH AT THE
LOCAL LEVEL.

63094 WI WISCONSIN ASSOCIATION OF LOCAL
39-1705099
FYE: 6/30/2008

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DENNIS WEDDE W5892 COUNTY ROAD W WILD ROSE WI 54984	CO-PRESIDENT	0	0	0	0
JAMES STECKER 2113 ILLINOIS AVE NEW HOLSTEIN WI 53061	CO-PRESIDENT	0	0	0	0
SHARON HAMPSON 2510 CASS STREET LA CROSSE WI 54601	PAST PRES	0	0	0	0
JODY LANGFELDT 143 EAST CENTER ST JUNEAU WI 53039	SECRETARY	0	0	0	0
MARY HALADA 510 KILBOURN ST KEWAUNEE WI 54601	TREASURER	0	0	0	0
JUDY CROUCH-SMOLAREK P.O. BOX 426 NEENAH WI 54957	CO-PRESIDENT	0	0	0	0
PATTI WOHLFEIL 230 WEST PARK ST WAUTOMA WI 54982	CO-PRES ELEC	0	0	0	0
MELODY BOCKENFELD 401 SOUTH ELM ST APPLETON WI 54911	PAST PRES	0	0	0	0
NANCY EGGLESTON 184 SECOND ST WISCONSIN RAPIDS WI 54494	BOARD MEMBER	0	0	0	0

63094 WI NSIN ASSOCIATION OF LOCAL
39-1705099
FYE: 6/30/2008

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SUZANNE OEHLKE 817 WHITING AVE STEVENS POINT WI 54481	BOARD MEMBER	0	0	0	0