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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning****, 2009, and ending****, 20****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**BROWN COUNTY SHERIFF'S BENEVOLENT ASSOCIATION, LTD**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

300 E. WALNUT STREET

City or town, state or country, and ZIP + 4

GREEN BAY, WI 54301**D** Employer identification number**39-6070402****E** Telephone number**920-448-4197****F** Group Exemption

Number ►

• 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: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	8590
	4	Investment income	4	7
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 4) 6a	36720	
	b	Less: direct expenses other than fundraising expenses 6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c		36720	
7a	Gross sales or inventory, less returns and allowances 7a			
b	Less: cost of goods sold 7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8	Other revenue (describe ►) 8		211	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9		45528	
Expenses	10	Grants and similar amounts paid (attach schedule) 10		27255
	11	Benefits paid to or for members 11		24511
	12	Salaries, other compensation, and employee benefits 12		0
	13	Professional fees and other payments to independent contractors 13		225
	14	Occupancy, rent, utilities, and maintenance 14		0
	15	Printing, publications, postage, and shipping 15		0
	16	Other expenses (describe ► BANK FEES) 16		59
	17	Total expenses. Add lines 10 through 16 17		52050
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		(6522)
	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		26911
	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		20389

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26911	20389
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	26911	20389
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26911	20389

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

Cat No. 106421

Form **990-EZ** (2009)

SCANNED APR 16 2010

10

Expenses

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

28 THE ASSOCIATION PROVIDED MONETARY RELIEF, RETIREMENT GIFTS, BEREAVEMENT, MEMORIALS, SEPARATION PAY AND ENTERTAINMENT FOR ITS MEMBERS

28a	24511
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29a	27255
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30a

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32	51766
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[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a		
b	Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T.	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ► WISCONSIN		
42a	The organization's books are in care of ► KEVIN VANDEN HEUVEL Telephone no. ► 920-448-4197 Located at ► 300 E WALNUT STREET GREEN BAY, WI ZIP + 4 ► 54301		
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)?	42b	<input checked="" type="checkbox"/>
	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 .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<input checked="" type="checkbox"/>
	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	<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	<input checked="" type="checkbox"/>

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 46** 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 **46** ☐ **Yes** ☐ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☐ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☐ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☐ **No**
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ **Yes** ☐ **No**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **f** _____

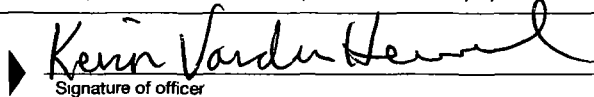
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **d** _____

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.



Signature of officer

3/23/10
Date

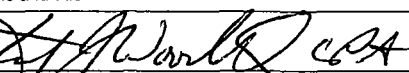
KEVIN VANDEN HEUVEL, TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4


**1475 LIMERICK CT
GREEN BAY WI 54313**

Date

03/27/10

Check if self-employed ☒

EIN

Phone no

Preparer's identifying number (See instructions)

397681101

9204919253

May the IRS discuss this return with the preparer shown above? See instructions

☒ **Yes** ☐ **No**

BROWN COUNTY SHERIFFS BENEVOLENT ASSOCIATION, LTD
PART 1 LINE 10

Cancer Benefit	765
Optimists	1600
Green Bay Police Benevolent	100
Shriners	60
Big Brothers Big Sisters	1450
Breast Cancer Society	400
Law Enforcement Museum	1000
Ashwaubenon parent network	500
First Tee	300
Preble parent network	500
Denmark High School	700
Sports Faith Radio	500
Brown County Charity Golf	1200
Cerebral Palsy	1400
St Baldrick Foundation	500
Cancer fund of America	150
East Side Base Ball	400
Green Bay Babe Ruth	250
St Vincents Auxillary	250
Muscular Dystrophy Assoc	500
YMCA	400
Fraternal Order of Police	900
End of Watch	380
Special Olympics	500
National Dare	800
Ashwaubenon High School	500
Tour de Force	250
National Children Leukemia Fund	50
Childrens Charity Gold Outing	500
East DePere Football	500
Boys & Girls Club	400
ACME TV	2500
WNOA	300
De Pere Football	300
Green & Gold Gala	1000
Wrightstown High School	800
Retired Deputies of Brown Cty	500
Crime Prevention Foundation	700
American Red Cross	300
Take Back theNight	300
Crisis Center	300
Salvation Army	300
PALS Program	300
ASPIRO	300
Syble Hoppe School	300
Curative Rehab Center	300
Family Violence Center	300
De Pere HS Baseball	250
Home Parent Network	500
TOTAL	<u>\$27,255</u>

BROWN COUNTY SHERIFF'S BENEVOLENT ASSOCIATION, LTD
2009 FORM 990-EZ
ENDING DECEMBER 31, 2009

PART III

THE PURPOSE OF THE BROWN COUNTY SHERIFF'S BENEVOLENT ASSOCIATION, LTD IS TO PROVIDE AND ACCUMULATE A FUND FROM DUES AND OTHER SOURCES OF INCOME FOR THE OBJECT OF RENDERING MONETARY RELIEF TO ITS MEMBERS AT TIMES OF DEATH, SICKNESS AND INJURY. ASSOCIATION FUNDS MAY ALSO BE USED FOR CONTRIBUTIONS TO NEEDY NON-PROFIT ORGANIZATIONS IN THE BROWN COUNTY AREA. VIRTUALLY ALL OF THE ASSOCIATION EXPENSES ARE USED FOR THESE PURPOSES.

PART IV

LIST OF OFFICERS – TERMS EXPIRE 12/31/10

RANDY LIND, PRESIDENT
JEFF CARR, VICE-PRESIDENT
KEVIN VANDEN HEUVEL, TREASURER
TIM NEWTOLS, SECRETARY
DENNIS KOCKEN, MEMBER AT LARGE

NO OFFICER RECEIVED ANY COMPENSATION, CONTRIBUTIONS OR EXPENSE ACCOUNT DURING 2009.