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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
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)

▶ 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.

OMB No. 1545-1150

2009**Open to Public
Inspection****A** For 2009 calendar year, or tax year beginning **JANUARY 01**, 2009, and ending **DECEMBER 31**, 20 09**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

LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION

Number & street (or P.O. box, if mail is not delivered to street addr.)

575 S 10TH ST

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

Lincoln NE 68508

D Employer identification number

47-0604979

E Telephone number

(402) 441-6500

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: ▶ N/A**H** Check ☒ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) -- ☒ 501(c)(3) (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 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 ... ▶ \$ 39,121**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

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	27,849
4	Investment income	4	5,066
5a	Gross amount from sale of assets other than inventory	5a	5,452
b	Less: cost or other basis and sales expenses	5b	5,258
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	194
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 1)	6a	
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	
7a	Gross sales of 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 ▶ See attachment #2)	8	754
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	33,863
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	23,206
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	100
14	Occupancy, rent, utilities, and maintenance	14	450
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ See attachment #3)	16	5,389
17	Total expenses. Add lines 10 through 16	17	29,145
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,718
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	71,810
20	Other changes in net assets or fund balances (attach explanation) #4	20	-5,302
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	71,226

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	71,810	71,226
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	71,810	71,226
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	71,810	71,226

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

Form **990-EZ** (2009)

6611

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose? See attachment #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, & other relevant information for each program title.

Expenses

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

28

(Grants \$) If this amount includes foreign grants, check here ▶

28a

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32

Total program service expenses (add lines 28a through 31a)

32

0

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

See attachment #6

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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
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		X
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	X
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	X
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	X
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	X
41	List the states with which a copy of this return is filed. NONE		
42a	The organization's books are in care of See attachment #7 Telephone no. Located at ZIP + 4		
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)? 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.	42b	X
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:	42c	X
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	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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."

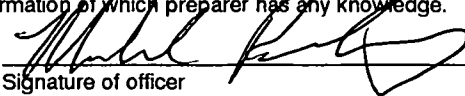
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ... ►

- 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
NONE		

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

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		5/13/2010 Date	
Paid Preparer's Use Only	MICHAEL PESCHONG Type or print name and title		TREASURER	
	Preparer's signature	Date	Check if self-employed	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.

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

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.

LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION

47-0604979

Total	5,389
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SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5

Open to Public Inspection		For Calendar year 2009, or tax year period beginning 01-01-2009 and ending 12-31-2009				
Name of Organization		Employer Identification Number				
LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION		47-0604979				
Name of Security or Description of Property		Acquisition Date	How Acquired		Date Sold	
Other Noninventory Assets:						
MERRILL LYNCH & COMPANY		2004-07	PURCHASE		2009-11	
UIT FIRST TRUST		2007-07	PURCHASE		2009-10	
UIT FIRST TRUST		2007-12	PURCHASE		2009-10	
UIT FIRST TRUST		2008-06	PURCHASE		2009-10	
UIT FIRST TRUST		2007-10	PURCHASE		2009-10	
IOT FIRST TRUST		2005-02	PURCHASE		2009-10	
To Whom Sold		Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
ON OPEN MARKET		4,000	4,007		-7	
ON OPEN MARKET		73	88		-15	
ON OPEN MARKET		52	63		-11	
ON OPEN MARKET		110	121		-11	
ON OPEN MARKET		21	28		-7	
ON OPEN MARKET		1,196	951		245	
Total		5,452	5,258		194	
Publicly traded securities						

SCHEDULE OF OTHER REVENUE

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.
Name of Organization LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION	Employer Identification Number 47-0604979

Description of Other Revenue	Amount
Pop sales	754
Total	754

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 20

For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.

LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION

47-0604979

[illegible]

PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01, and ending 12-31-2009.
Name of Organization LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION	Employer Identification Number 47-0604979

Primary Purpose

To provide legal defense for members, provide union representation, provide and pay dues to Federal Grand and State Grand

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.			
Name of Organization LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION			Employer Identification Number 47-0604979	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
JAMES BAIRD	BOARD MEMBER			
LINCOLN, NE ANDY STEBBING	BOARD MEMBER	0	0	0
LINCOLN, NE MICHAEL SCRIVEN	BOARD MEMBER	0	0	0
LINCOLN, NE NICK HEITMAN	BOARD MEMBER	0	0	0
LINCOLN, NE MICHAEL PESCHONG	TREASURER	0	0	0
LINCOLN, NE		0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01, and ending 12-31-2009.
Name of Organization LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION	Employer Identification Number 47-0604979
Part V - Line 42a	

Individual Name MICHAEL PESCHONG
or
Business Name:

Street Address 575 S 10TH ST

U S Address:

Zip code 68508 City Lincoln State NE
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

2009 DETAIL STATEMENTS

LANCASTER COUNTY DEPUTY SHERIF

47-0604979

Page 1

STATEMENT #1 - Investment Income (990-EZ PG 1 Line 4)

UNION BANK INTEREST.....	6
RBC INTEREST.....	626
RBC ORDINARY DIVIDENDS.....	4,183
OID INTEREST.....	251

TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	5,066
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