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**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)**

2009

Open to Public  
Inspection

► 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.

**A For 2009 calendar year, or tax year beginning JANUARY 01, 2009, and ending DECEMBER 31, 2009**

<input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION</b>		D Employer identification number <b>47-0604979</b>	
	Please use IRS label or print or type. See Specific Instructions.		Number & street (or P.O. box, if mail is not delivered to street addr.) <b>575 S 10TH ST</b>	Room/suite
			E Telephone number <b>(402) 441-6500</b>	
			F Group Exemption Number... ►	
			G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
			H Check ► <input checked="" type="checkbox"/> if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).	

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

**I Website:** ► N/AJ Tax-exempt status (check only one) --  501(c)(3) ► (insert no.)  4947(a)(1) or  527K 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.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received .....	1	
		5a	5,452
	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) .....	#1	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from <b>gambling</b> , check here ► <input type="checkbox"/>	6c	
	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) .....		
	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) .....		
	8 Other revenue (describe ► <b>See attachment #2</b> ) .....		
	9 <b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .....		►
	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 ► <b>See attachment #3</b> ) .....	16 5,389	
	17 <b>Total expenses.</b> Add lines 10 through 16 .....	17 29,145	
EXPENSES	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18 4,718	
ASSETS	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	
NET ASSETS	20 Other changes in net assets or fund balances (attach explanation) .....	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	71,810	22	71,226
22	Cash, savings, and investments .....			23	
23	Land and buildings .....			24	
24	Other assets (describe ► ) .....			25	
25	<b>Total assets</b> .....		71,810	25	71,226
26	Total liabilities (describe ► ) .....		0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .....		71,810	27	71,226

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

6/11

**Part III. Statement of Program Service Accomplishments** (See the instructions for Part III.)

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			
29	(Grants \$	) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	28a
30	(Grants \$	) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	29a
31	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>		30a
31	Other program services (attach schedule)		
	(Grants \$	) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>		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.)

(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 .....	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes .....	34	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? .....	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? .....	35b	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 .....	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>		
b Did the organization file Form 1120-POL for this year? .....	38b	
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. .....	39a	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 .....	39b	
b Gross receipts, included on line 9, for public use of club facilities .....		
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 .....		
41 List the states with which a copy of this return is filed. ► <b>NONE</b>		
42a The organization's books are in care of ► <b>See attachment #7</b>	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)? .....	42b	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, 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	X
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 .....	► <input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year .....	► <b>43</b> _____	
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 . . . . . Yes  No   
 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . Yes  No   
 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . Yes  No   
 48

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . Yes  No   
 49a

b If "Yes," was the related organization a section 527 organization? . . . . . Yes  No   
 49b

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."

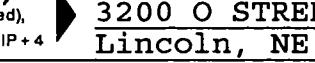
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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 . . . . . ►

<b>Sign Here</b>	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 <span style="float: right;">5/13/2010</span> Date   MICHAEL PESCHONG <span style="float: right;">TREASURER</span> Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <span style="float: right;">5-12-2010</span>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 	H&R BLOCK US TAX SERVICES <span style="float: right;">EIN ►</span> 3200 O STREET STE C <span style="float: right;">Phone no. ►</span> Lincoln, NE 68510 <span style="float: right;">402-441-3670</span>	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Name of the organization**

LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION

**Employer Identification number**  
47-0604979

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
     a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Other  
     e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
     f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. .....   
     g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
       (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....  
       (ii) A family member of a person described in (i) above? .....  
       (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  
     h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?		(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

## **SCHEDULE OF OTHER EXPENSES**

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

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

**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	For Calendar year 2009, or tax year period beginning 01-01-2009	Employer Identification Number
Acquisition Date	How Acquired	Date Sold
LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION	47-0604979	
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
ON OPEN MARKET	4,000	4,007
ON OPEN MARKET	73	88
ON OPEN MARKET	52	63
ON OPEN MARKET	110	121
ON OPEN MARKET	21	28
ON OPEN MARKET	1,196	951
Total	5,452	5,258
Publicly traded securities		194

**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	

**SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

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

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 Changes			Total Amount
Losses due to market fluctuations			-5,302
			Total
			-5,302

## 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.			
<b>Name of Organization</b> LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION		<b>Employer Identification Number</b> 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  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.
<b>Name of Organization</b> <b>LANCASTER COUNTY DEPUTY SHERIFFS ASSOCIATION</b>			<b>Employer Identification Number</b> <b>47-0604979</b>	

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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