Form <b>990-T</b>	Exempt Organization Bus	sine	ss Income T	ax Returr	)	OMB No 1545-0687
•	For calendaryear 2016 or other tax year beginning OCT 1,			D 30 201	- l	2046
	Information about Form 990-T and its instru		_		<u></u>	2016
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may		-		<u> </u>	Open to Public Inspection for 50 (c)(3) Organizations Only
A Check box if address changed			and see instructions.)	<u> </u>	D Emplo	yer identification number byees' trust, see
	note BLORIDA CHERTEEC ACCO	חגדו	TON THE		1	ctions)
B Exempt under section	Print FLORIDA SHERIFFS ASSOC				<del></del>	9-0708112 Ited business activity codes
X 501(C)(3) ) 408(e) 220(e)	Number, street, and room or suite no. If a P.O. bo	x, see ii	istructions.			structions)
408(e) 220(e) 408A 530(a)	City or town, state or province, country, and ZIP of	r forms	n nostal code		ł	
529(a)	TALLAHASSEE, FL 32317		n postar code		900	099
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<b></b>				
20,437,554.	G Check organization type ► X 501(c) corporation	<u>n [</u>	501(c) trust	401(a) trust		Other trust
H Describe the organization	i's primary unrelated business activity. <b>&gt; ADVERTI</b>	SIN	G			
I During the tax year, was t	the corporation a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶ [	Ye:	s 🗓 No
lf "Yes," enter the name a	nd identifying number of the parent corporation.					<del></del>
J The books are in care of				one number 🕨 8		<u>877-2165</u>
Part I Unrelated	d Trade or Business Income		(A) Income	(B) Expenses	3	(C) Net
1a Gross receipts or sale	<del> </del>					
b Less returns and allow	vances c Balance	1c				
2 Cost of goods sold (S		2				
3 Gross profit. Subtract		3				
4a Capital gain net incom	•	4a	·			
- , , ,	4797, Part II, line 17) (attach Form 4797)	_4b				
c Capital loss deduction		4c				
	artnerships and S corporations (attach statement)	5				
6 Rent income (Schedu		6				
	ed income (Schedule E)	7				
	/alties, and rents from controlled organizations (Sch. F)	8				
	a section 501(c)(7), (9), or (17) organization (Schedule G					
•	vity income (Schedule I)	10	42 202		10	10 505
11 Advertising income (S		11	43,303.	23,5	18.	19,785.
, ,	structions; attach schedule)	12	42 202		10	10 505
13 Total. Combine lines Part II Deduction	3 through 12  ns Not Taken Elsewhere (See instructions for	13	43,303.	23,5	18.	19,785.
	contributions, deductions must be directly connected			income)		
14 Compensation of offi	icers, directors, and trustees (Schedule K)		*	_	14	
15 Salaries and wages			_RE	CEN	15	
16 Repairs and mainten	ance		3/	ARIAED_	76	
17 Bad debts			≋; AUG	222	p/17	
18 Interest (attach sche	dule)			" 4 2018 /6	/18	
19 Taxes and licenses			QGD	MENTY 2	19	
20 Charitable contribution	ons (See instructions for limitation rules)		SEE STATI	emenat 2 8	20	0.
21 Depreciation (attach	Form 4562)		21		[	
22 Less depreciation cla					22b	
ZZ CC33 depreciation of	nimed on Schedule A and elsewhere on return		22a			
23 Depletion	nimed on Schedule A and elsewhere on return	 	22a		23	
23 Depletion	nimed on Schedule A and elsewhere on return		<u>22a                                   </u>		1	
23 Depletion	nimed on Schedule A and elsewhere on return		<u>222a</u>		23	
23 Depletion 24 Contributions to defe	nimed on Schedule A and elsewhere on return		<u>222a                                  </u>		23 24	
23 Depletion	simed on Schedule A and elsewhere on return		<u>222a</u>		23 24 25	19,785.
23 Depletion	nimed on Schedule A and elsewhere on return		<u>[22a]</u> 		23 24 25 26 27 28	
Depletion	aimed on Schedule A and elsewhere on return				23 24 25 26 27 28 29	19,785.
Depletion	nimed on Schedule A and elsewhere on return	ct line 2	9 from line 13		23 24 25 26 27 28 29 30	19,785. 19,785. 0.
Depletion Contributions to defe Employee benefit pro Excess exempt exper Excess readership co Other deductions (att Total deductions. Ac Unrelated business to Net operating loss defe	aimed on Schedule A and elsewhere on return		9 from line 13  SEE STATI		23 24 25 26 27 28 29 30 31	19,785.
Depletion Contributions to defe Employee benefit pro Excess exempt exper Contributions to defe Excess exempt exper Contributions (attentions) Contributions to defe	aimed on Schedule A and elsewhere on return  Arred compensation plans  Orgrams  Inses (Schedule I)  Instact schedule J)  Instact schedule J  Inses 14 through 28  Inses axable income before net operating loss deduction. Subtract  Insert come before specific deduction. Subtract line 31 fi	rom line	9 from line 13  SEE STATI		23 24 25 26 27 28 29 30 31 32	19,785.
Depletion Contributions to defe Employee benefit pro Excess exempt experiments Contributions to defe Employee benefit pro Excess readership co Contributions (att Total deductions (att Unrelated business to Net operating loss de Unrelated business to Specific deduction (att Specific deduction (att Contributions (att	aimed on Schedule A and elsewhere on return  bried compensation plans  orgrams  nses (Schedule I)  osts (Schedule J)  tach schedule)  dd lines 14 through 28  axable income before net operating loss deduction. Subtracted compensation (limited to the amount on line 30)  axable income before specific deduction. Subtract line 31 figure and the strength of the schedule of the second compensation of the schedule of the second compensation of the schedule of the second compensation of the schedule of the schedul	rom line s)	9 from line 13 SEE STATI	EMENT 1	23 24 25 26 27 28 29 30 31	19,785.
Depletion Contributions to defe Employee benefit pro Excess exempt exper Excess readership co Other deductions (at Unrelated business to Net operating loss de Unrelated business to Specific deduction (6	aimed on Schedule A and elsewhere on return  Arred compensation plans  Orgrams  Inses (Schedule I)  Instact schedule J)  Instact schedule J  Inses 14 through 28  Inses axable income before net operating loss deduction. Subtract  Insert come before specific deduction. Subtract line 31 fi	rom line s)	9 from line 13 SEE STATI	EMENT 1	23 24 25 26 27 28 29 30 31 32	19,785.

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-1		<ul> <li>FLORIDA SHERIFFS ASS</li> </ul>	OCIATION,	INC.		<u> 59 – </u>	<u>070</u>	<u>8112</u>		Page 2
Part I	II T	ax Computation								
35	Organ	nizations Taxable as Corporations. See instructio	ns for tax computation.							
	Contr	olled group members (sections 1561 and 1563) c	neck here ► 🔲 Se	e instructions a	ınd:					
а	Enter	your share of the \$50,000, \$25,000, and \$9,925,0	00 taxable income brad	ckets (in that ord	ler):					
	(1)	\$ (2) \$	(3	) [\$		1				
b	, ,	organization's share of: (1) Additional 5% tax (no		\$		Ī		1		
		dditional 3% tax (not more than \$100,000)		\$		ĺ				
c		ne tax on the amount on line 34				5		35c		0.
36		s Taxable at Trust Rates See instructions for tax	computation, Income to	ax on the amour	it on line 34 f	rom:		335		
•	$\overline{}$	Tax rate schedule or Schedule D (Form 1	•					36		
37		tax. See instructions	,					37		
38	_	native minimum tax						38		
39		n Non-Compliant Facility Income. See instruction	ıs					39		
40		Add lines 37, 38 and 39 to line 35c or 36, whiche						40		0.
Part I	_	ax and Payments						70		
		gn tax credit (corporations attach Form 1118; trust	s attach Form 1116)		41a					
b		credits (see instructions)	<b>,</b>		41b					
c		ral business credit. Attach Form 3800			41c					
ď		t for prior year minimum tax (attach Form 8801 or	8827)		41d			1		
_		credits. Add lines 41a through 41d	,		<u> </u>			41e		
42		act line 41e from line 40						42		0.
43	Other	taxes. Check if from: Form 4255 Form	n 8611 🔲 Form 869	97 🔲 Form 8	866 T 0	ther (attach sche	dule)	43		
44	Total	tax. Add lines 42 and 43				,		44		0.
		ents: A 2015 overpayment credited to 2016			45a	72,2	69.			
	-	estimated tax payments			45b	900,0				
		eposited with Form 8868			45c		-			
		gn organizations: Tax paid or withheld at source (s	ee instructions)		45d					
		up withholding (see instructions)			45e					
f		t for small employer health insurance premiums (A	ttach Form 8941)		45f					
-		credits and payments: Form	•							
•		Form 4136 Other		Total <b>•</b>	45g					
46		payments. Add lines 45a through 45g		_				46	972,2	69.
47		ated tax penalty (see instructions). Check if Form 2	2220 is attached 🕨 🛚					47		
48		ue. If line 46 is less than the total of lines 44 and 4					►Í	48		
49		payment. If line 46 is larger than the total of lines 4		t overpaid				49	972,2	69.
50	•	the amount of line 49 you want: Credited to 2017		•	)	Refunded		50	972,2	
Part \		Statements Regarding Certain Ac		er Informat	t <b>ion</b> (see in	structions)				
51	At any	y time during the 2016 calendar year, did the organ	nization have an interes	t in or a signatui	re or other au	thority			Yes	No
	over a	a financial account (bank, securities, or other) in a	foreign country? If YES	6, the organizatio	n may have t	o file				
	FinCE	N Form 114, Report of Foreign Bank and Financial	Accounts. If YES, ente	r the name of the	e foreign cou	ntry				
	here	<b>&gt;</b>								X
52	Durin	g the tax year, did the organization receive a distrib	ution from, or was it th	ne grantor of, or	transferor to,	a foreign trust	?			X
	If YES	S, see instructions for other forms the organization	may have to file.							I —
53	Enter	the amount of tax-exempt interest received or acc	rued during the tax yea	r <b>▶</b> \$						
	Un	der penalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other I) an taxp	return, including accompan	ying schedules and	d statements, al	nd to the best of a	ny know	viedge and t	pelief, it is true,	
Sign		Tan ( See	ed 4/11/a				Ma	y the IRS di	scuss this return	with
Here		- Lieue Sur	9 0/14/18	EXECUT	IVE DI	RECTOR			eea) woled nwo	_ [
		Signature of officer	pate / / /	Title			INB	tructions)?	X Yes	No
		Print/Type preparer's name Pre	parer's signature	0	ate ,	Check	ıf	PTIN		
Paid		THOMAS E.	L. GARTHA		8/ 11/16	self- emp	loyed	1		
Prepa	arer	MONTALBANO P	VIN ZYY BUUV	~ 10	01/2/	<u> </u>			2060312	
Use C			INGRAM, LL	<del></del>		Fırm's E	IN 🚩	<u>72-</u>	<u>-139662</u>	1
	•	2633 CENTENN	•	SUITE	200	1	_			
		Firm's address > TALLAHASSEE,	FL 32308			Phone n	o. (		<u>878-87</u>	
								F	orm 990-T	(2016)

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Schedule A - Cost of Goods	Sold. Enter meth	od of inventory	valuation N/	A -				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6		
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6			
3 Cost of labor	3		from line 5. Enter her	e and in F	Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		B Do the rules of section	n 263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	r acquired	for resale) apply to			T
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (I (see instructions)	From Real Prop	perty and P	ersonal Property	Leas	ed With Real Pro	perty)		
1. Description of property								
(1)								
(2)					<u> </u>			
(3)								
(4)								
	2. Rent received or ac	crued					-	
(a) From personal property (if the perconent for personal property is more to 10% but not more than 50%)	than	of rent for persor	ersonal property (if the percer ial property exceeds 50% or ased on profit or income)	ntage if	3(a) Deductions directly columns 2(a) ar	connected rd 2(b) (atta	l with the income ch schedule)	ın
(1)								
(2)								
(3)								
(4)								
Total	0 . Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Deb	t-Financed Inc	ome (see inst	ructions)					
		}	2 Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-fine	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b	Other deductio (attach schedule)	
(1)				╁──	<del></del>	+-		
(1)			<del>-</del>	+	<del></del>	-		
(3)				+-		-		
(4)		•	<del></del>	-		+		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<ol> <li>Average adjusted of or allocable debt-financed project (attach schedule)</li> </ol>	to operty	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		Allocable deduc Imn 6 x total of co 3(a) and 3(b))	
(1)			%	<del>                                     </del>		1		
(2)			%			<del>                                     </del>		
(3)			%	1				
(4)			%	1 -		1		
					nter here and on page 1, Part I, line 7, column (A)		r here and on pag I, line 7, column	
Totals				<b>-</b>	0			0.
Total dividends-received deductions inc								0.

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Totals (carry to Part II, line (5))

(2) (3) (4)

19,785

202,518

19,785.

Form 990-T (2016)

9,846

23,518

43,303

Form 990-T (2016) FLORIDA SHERIFFS ASSOCIATION, INC. 59-07081
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	!	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)	_ ]						
(4)							
Totals from Part I		43,303.	23,518.				19,785
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		43,303.	23,518.				19,785

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

FORM 990-T		NET	OPERATIN	G LOSS D	EDUCTION	STATEMENT	1
TAX YEAR	LOSS	SUSTAINED	LOS PREVIO APPL	USLY	LOSS REMAINING	AVAILABLE THIS YEAR	
09/30/16		4,055.		0.	4,055.	4,055	5.
NOL CARRYO	VER AVA	AILABLE THIS	YEAR		4,055.	4,055	5.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2011 300,087 YEAR 2012 205,508 YEAR 2013 196,687 YEAR 2014 135,979 YEAR 2015 1,551,863			
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBUTIONS	2,390,124		
	TRIBUTIONS AVAILABLE NOOME LIMITATION AS ADJUSTED	2,390,124		
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	2,390,124 0 2,390,124		
ALLOWABLE	CONTRIBUTIONS DEDUCTION			0
TOTAL CONT	TRIBUTION DEDUCTION			0