

2017

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning 2017, and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
[X] 501(c)(3)
408(e)
408A
529(a)

Print or Type

Illinois Sheriffs' Association
401 E. Washington
Springfield, IL 62701

Check box if name changed and see instructions

D Employer identification number (Employees' trust, see instructions)
36-2055318
E Unrelated business activity codes (See instructions)
452000

C Book value of all assets at end of year
2,923,849.

F Group exemption number (See instructions)
G Check organization type
[X] 501(c) corporation
501(c) trust
401(a) trust
Other trust

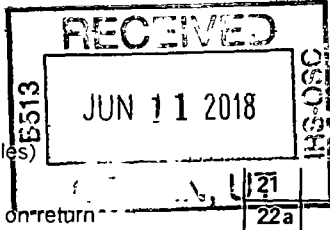
H Describe the organization's primary unrelated business activity
Merchandise Sales
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group
Yes No [X]
If 'Yes,' enter the name and identifying number of the parent corporation

J The books are in care of Greg Sullivan Telephone number 217-753-2372

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows 14-34.



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
(1) \$	(2) \$	(3) \$
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)		\$
(2) Additional 3% tax (not more than \$100,000)		\$
c Income tax on the amount on line 34		35 c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax.		38
39 Tax on Non-Compliant Facility Income. See instructions		39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 0.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		41 a	
b Other credits (see instructions)		41 b	
c General business credit. Attach Form 3800 (see instructions)		41 c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)		41 d	
e Total credits. Add lines 41a through 41d		41 e	0.
42 Subtract line 41e from line 40		42	0.
43 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43	
44 Total tax. Add lines 42 and 43		44	0.
45 a Payments. A 2016 overpayment credited to 2017		45 a	
b 2017 estimated tax payments		45 b	
c Tax deposited with Form 8868		45 c	
d Foreign organizations. Tax paid or withheld at source (see instructions)		45 d	
e Backup withholding (see instructions)		45 e	
f Credit for small employer health insurance premiums (Attach Form 8941)		45 f	
g Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total		45 g	
46 Total payments. Add lines 45a through 45g		46	0.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	
50 Enter the amount of line 49 you want Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ 0.		

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *Jamie Nichols* Date: 1/6/18 Title: Executive Director

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jamie Nichols	<i>Jamie Nichols</i>	1/5/18		P01577640
	Firm's name	Firm's address		Firm's EIN	Phone no
Pehlman & Dold, P.C.	100 North Amos Avenue Springfield, IL 62702-4739		37-1236680	(217) 787-0563	