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_{50m} 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20										
В	Check if ap	applicable C Name of organization D Er				nployer identification number					
	Address c	Louisiana Association of Tax Administrators			72-1403160						
	Name cha	nge	Number and street (or P O. box, if mail is not delivered to street address) Room/suite	E Telep	Telephone number						
님	Initial retur		508 John Dale Drive	1_	(31	8) 336-6235					
H	Terminate Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exer	nption					
Ħ	Application		Vidalia, Louisiana 71373-4097	Nun	nber 🕨	•					
G	Account	ing Method:		Check I	Check ► ☑ If the organization is n						
	Website	•				ach Schedule B					
J ·	Tax-exen	npt status (che	ck only one) — ☐ 501(c)(3)	(Form 9	90, 990)-EZ, or 990-PF).					
			☐ Corporation ☐ Trust ☑ Association ☐ Other								
L	Add lines	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets							
(Pa	art II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$						
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instru	ctions	for Part I)					
		Check if	the organization used Schedule O to respond to any question in this Part	1		🗆					
	1		ns, gifts, grants, and similar amounts received		1						
	2	Program s	ervice revenue including government fees and contracts		2						
	3	Membersh	ip dues and assessments		3	70,681					
	4	Investmen	income		4	321					
	5a	Gross amo	unt from sale of assets other than inventory 5a								
	b	Less: cost	or other basis and sales expenses	_							
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c						
	6	Gaming and fundraising events									
	а										
9		\$15,000)		·							
Revenue	ь	Gross inco	ons								
á		from fundr	aising events reported on line 1) (attach Schedule G if the								
		sum of suc	th gross income and contributions exceeds \$15,000) 6b		3.5						
	С	Less: direc	t expenses from gaming and fundraising events 6c								
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract	計局						
		line 6c)			6d						
	7a	Gross sale	s of inventory, less returns and allowances								
	Ь	Less: cost	of goods sold		1219						
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c						
	8	Other reve	nue (describe in Schedule O)		8						
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		, 9	71,002					
	10	Grants and	similar amounts paid (list in Schedule O)	<u>:n :</u>	10	4,750					
	11	Benefits pa	aid to or for members	. <u></u>	11						
y d	3 12	Salaries, o	ther compensation, and employee benefits	0							
		Profession	al fees and other payments to independent contractors 3	14. 19		41,319					
Š	14	Occupanc	y, rent, utilities, and maintenance	S	14						
Exper	ີ່ 15	Printing, p	ublications, postage, and shipping		15	7,084					
	16	Other expe	enses (describe in Schedule O)	Ul.	16	18,076					
_	17	Total expe	enses. Add lines 10 through 16	•	17	71,229					
Ų	, 18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	-227					
đ	รู้ 19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	ee with	ALE S						
Net Assets	₹	end-of-yea	ar figure reported on prior year's return)		19	208,140					
	20	Other chai	nges in net assets or fund balances (explain in Schedule O)		20						
	21		or fund balances at end of year. Combine lines 18 through 20		21	207,913					
_				_							

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2013)

16 95

orm !	990-EZ (2013)					Page 2
Pa	rt II Balance Sheets (see the instructions for	or Part II)				
	Check if the organization used Schedule	O to respond to ar	y question in this I	Part II		<u>.</u> . 🗆
				(A) Beginning of year	(E) End of year
22	Cash, savings, and investments		[22	207,913
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		<i>.</i> F		24	
25	Total assets				25	207,913
26	Total liabilities (describe in Schedule O)		· · · · ·		26	207,010
27	Net assets or fund balances (line 27 of column				27	207,913
	t III Statement of Program Service Accomp					207,313
ı aı	Check if the organization used Schedule				_	Expenses
Alba	t is the organization's primary exempt purpose?	O to respond to ai	iy question in this i	Cart		red for section 3) and 501(c)(4)
	•					ations and section
as m	onbe the organization's program service accomplis neasured by expenses. In a clear and concise materials on the concise materials on the consideration for eaction for eactions.	anner, describe the	its three largest provided	ogram services, the number of	4947(a	(1) trusts, optional ers.)
28						
					l	
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	28a	
29			•			
				1		
			•••••			
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗀	29a	
30	1					
				••••••	ľ	
		•			1	
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated-see the in:	structi	ons for Part IV)
	Check if the organization used Schedule					🗀
	<u> </u>	(b) Average	(c) Reportable	(d) Health benefits,	T	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		stimated amount of er compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		or componed on
Donr	na Andries. CPA. President			-		
	Box 671. Alexandria. LA 71309	5.0	-0-	-0	_	-0-
	ryn Vincent. Vice President					
	Box 1508. Abbeville. LA 70511	4.0		1		
	Moore, Vice President		· -n-	م ا		-0-
			-0-	-0	•	-0-
	Roy 863 Puston I A 71273	4.0				
Thor	Box 863. Ruston. LA 71273 mas H. O'Neal. Secretary		-0-	-0		-0-
	mas. H. O'Neal. Secretary	6.0	-0-	-0	-	-0-
P.O.	nas.H. O'Neal. Secretary Box 160. Vidalia. LA 71373	6.0		-0	-	
P.O. Timo	nas H. O'Neal. Secretary Box 160. Vidalia. LA 71373 othy D. Cefalu. Director		0_ 	-0	- -	-0-
P.O. Timo 126 <i>A</i>	nas.H. O'Neal. Secretary Box 160. Vidalia. LA 71373 othy.D. Cefalu. Director Albert Avenue. Shreveport. LA 71105	6.0	-0-	-0	- -	-0-
P.O. Timo 126 / Jose	nas.H. O'Neal. Secretary Box 160. Vidalia. LA 71373 othy D. Cefalu. Director Albert Avenue. Shreveport. LA 71105 oth R. Bergeron, Director	6.0	-0- 8.100 16.000	-0	-	-0- -0-
P.O. Timo 126 / Jose	nas.H. O'Neal. Secretary Box 160. Vidalia. LA 71373 othy.D. Cefalu. Director Albert Avenue. Shreveport. LA 71105	6.0	0_ 	-0	-	-0-
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P.O. Timo 126 / Jose	nas.H. O'Neal. Secretary Box 160. Vidalia. LA 71373 othy D. Cefalu. Director Albert Avenue. Shreveport. LA 71105 oth R. Bergeron, Director	6.0	-0- 8.100 16.000	-0	-	-0- -0-
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P.O. Timo 126 / Jose	nas.H. O'Neal. Secretary Box 160. Vidalia. LA 71373 othy D. Cefalu. Director Albert Avenue. Shreveport. LA 71105 oth R. Bergeron, Director	6.0	-0- 8.100 16.000	-0	-	-0- -0-
P.O. Timo 126 / Jose	nas.H. O'Neal. Secretary Box 160. Vidalia. LA 71373 othy D. Cefalu. Director Albert Avenue. Shreveport. LA 71105 oth R. Bergeron, Director	6.0	-0- 8.100 16.000	-0	-	-0- -0-
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
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		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ ☐ 37a ☐ Did the organization file Form 1120-POL for this year?	37b 38a		✓ ✓
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved		1 - 10 1	
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		. ✓
С	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		1	à.
е	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	T.	→
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Thomas H. O'Neal, Secretary Telephone no. ▶	318-33	6-623	5
	Located at ► 508 John Dale Drive, Vidalia, LA ZIP + 4 ►	71373	-4097	
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:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
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		Yes	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	103	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	1 15	√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		\ \ \

orm 9s	10-EZ (2L	113)									age 🖚
46		ne organization engage, directly or in							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No
Part		ndidates for public office? If "Yes," c		, Part I		• •	• • •	.	46		_✓
rart	_ ,	All section 501(c)(3) organizations 50 and 51.		stions 47-49b ar	nd 52, and	d con	nplete the	e table	es fo	or line	es:
		Check if the organization used Sch	nedule O to respond	to any question i	n this Part	t VI			·	 ,	
				504(1)					_	Yes	No
47	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Part	H						47		
48		organization a school as described in							48		
49a		ne organization make any transfers to	•	•				<u> </u>	l9a		
50		s," was the related organization a se plete this table for the organization's							istor	20.20	d kov
50	emplo	byees) who each received more than	\$100,000 of comper	sation from the or	ganization.	. If the	ere is none	e. ente	r "No	one."	J KCy
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) H contribut benefit p	lealth b	enefits, employee nd deferred	(e) Esti	mated		
					-						
					-					-	
	•••••										
f 51	Comp	number of other employees paid ove plete this table for the organization' 000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	 ctors	who each	recei	/ed	more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Compe	nsatio	n	
							-			·	
						- -			-		
						1	_				
	_										
		· · · · · · · · · · · · · · · · · · ·									
									_		
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶						
52		ne organization complete Schedule A kempt charitable trusts must attach a						▶ □ ·	Yes	Ø.	10
Jnder p rue, co	enalties rect, and	of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all info	ying schedules and stat	ements, and t rer has any kn	o the b	est of my kn			belief,	it is
Sign		Quores				0	6-03-	14		_	
dere		Signature of officer Thomas H. O'Neal, Secretary				Date					
		Type or print name and title	[D								
Paid		Print/Type preparer's name	Preparer's signature		Date		Check Self-employ		1N		
ren	arer I		<u>. I</u>				3011-0111pio	yeu			
		Firm's name	. 1			Firm's	EIN ►	/eu			
Prep Use	Only	Firm's name ► Firm's address ► discuss this return with the preparer				Firm's	s EIN ► e no	,eu			_

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Louisiana Association of Tax Administrators	72-1403160
Part 1, Line#10 - Each year the organization makes a contribution to one of the State's Public	Universities. During calendar year 2013 our
scholarship committee chose Nichols State University to receive a \$4,750 cash award for it's	stude scholarship fund. The university is located
in Thibodaux, Louisiana, its mailing address is P.O. Box 2066, Thibodaux, LA 70310.	
Part1, Line 16 - These expenses include the Director's reimburseable travel expenses, the mi	scellaneous expenses incurred by various
extablished committees, and expenses incurred by the organization during its presentation a	t educational programs & related meetings.