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OMB No 1545-1150

Form **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)

2017**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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning

, 2017, and ending

, 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated

C Name of organization**Louisiana Association of Tax Administrators**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

508 John Dale Drive

City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number**72-1403160****E** Telephone number**(318) 336-6235**

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

?? Cash, savings, and investments

(A) Beginning of year

(B) End of year

22

214 212

**Sign
Here**

Signature of officer

Date

Thomas H. O'Neal

May 12, 2018

Type or print name and title

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no ▶

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

▶ ☐ Yes ☒ No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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."

Line 50	Employee's name (last, first, middle initial)	Compensation
1	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]
3	[REDACTED]	[REDACTED]
4	[REDACTED]	[REDACTED]
5	[REDACTED]	[REDACTED]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Louisiana Association of Tax Administrators

Employer identification number

72-1403160

Part 1, Line 10 - Each year our organization makes a contribution to the scholarship fund of one of our state's public universities. This year
the scholarship committee selected two schools to receive our annual contribution. Grambling State University & Nicholls State University
shared a \$5,000 award.

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 (describe in Schedule O) ▶ ☐

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

31a

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

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)