'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)

2020

OMB No 1545-0047

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.

Open to Public Inspection

Ā F	or the	2020 calend	ar year, or tax year beginning , 2020, and ending			, 20	
B Check if applicable				D Employer identification num		ntification number	
	Address c	hange	Louisiana Association of Tax Administrators	72-1403160			
Name change				E Telephone number			
	Initial retur	m	508 John Dale Drive	318-336-6235			
=		n/terminated		F Group Exemption			
==	Amended Application	return n pending	Vidalia, Louisiana 71373	Number ►			
		ting Method				the organization is not	
	Vebsite	_	\				
				required to attach Schedule B Form 990, 990-EZ, or 990-PF)			
			☐ Corporation ☐ Trust ☑ Association ☐ Other 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total a	accete			
			S500,000 or more, file Form 990 instead of Form 990-EZ	455 C (5			
_					\$	for Dort IV	
, P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the				
_			the organization used Schedule O to respond to any question in this Part	- 		<u> U</u>	
	1		ons, gifts, grants, and similar amounts received	-011	_1		
	2	-	ervice revenue including government fees and contracts	18	2		
	3		ip dues and assessments	191	3	47,817	
	4	Investmen		181	4		
	5a		ount from sale of assets other than inventory O 5a - III	<u>'= </u>			
	b	Less: cost					
	6	Gain or (lo	5c				
e	а	Gross inc \$15,000)		_			
Revenue	ь	•	me from fundraising events (not including \$ of contribution	15			
ě	-		aising events reported on line 1) (attach Schedule G if the		1		
			th gross income and contributions exceeds \$15,000)				
	С		t expenses from gaming and fundraising events 6c				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	tract			
	-	line 6c)			6d		
	7a	•	s of inventory, less returns and allowances	· ·			
	Ь		of goods sold		1		
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		70		
	8		nue (describe in Schedule O)	}	7c		
	9			· .: }	9		
_	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10	47,988	
Expenses			,	}		5,000	
	11	•	aid to or for members	}	11		
	12		ther compensation, and employee benefits	}	12		
	13		al fees and other payments to independent contractors	-	13	57,477	
×	14		y, rent, utilities, and maintenance		14		
 	15		ublications, postage, and shipping		15	2,621	
	16	Other expe	enses (describe in Schedule O)	[16	7,369	
	17	Total expe	enses. Add lines 10 through 16	. 🕨	17	72,467	
13	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	.	18		
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	1-			
		=	r figure reported on prior year's return)		19	187,215	
ē	20		iges in net assets or fund balances (explain in Schedule O)		20		
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶ [21	162,736	

	990-EZ (2020)	none for Dord III				Page 2
Pal	rt II Balance Sheets (see the instruct Check if the organization used Sch			Dort II		
	Check if the organization used Sch	edule O to respond to	any question in this	(A) Beginning of year		
00	Cook sowner and investments		-			···
22	Cash, savings, and investments				22 23	162,73
23	Land and buildings		• • • • • • •		23 24	
24	•				24 25	400.70
25	Total assets		· · · · · · •		26 26	162,730
26 27	Net assets or fund balances (line 27 of called a second balances)	olumn (R) must agree v	with line 21\		27	400 704
	t III Statement of Program Service Ac				21)	162,73
aı	Check if the organization used Sch					Expenses
	t is the organization's primary exempt purpos		diny quoditori in tino			uired for section
Desc as m	cribe the organization's program service acc neasured by expenses. In a clear and cond ons benefited, and other relevant information	complishments for each	the services provide			c)(3) and 501(c)(4) nizations, optional fors.)
28		·····				
29	(Grants \$) If this ar	mount includes foreign			28a	
	(Grants \$) If this ar	mount includes foreign	grants, check here .	> 🗅	29a	
30			·			
	(Grants \$) If this ar	nount includes foreign	grants, check here .	▶ 🔲	30a	
31	Other program services (describe in Schedu	•	· · · · · · · · · · · · · · · · · · ·			
		mount includes foreign			<u>31a</u>	
	Total program service expenses (add lines				32	<u> </u>
Par	List of Officers, Directors, Trustees, a					tions for Part IV)
	Check if the organization used Sch	edule O to respond to		1-	• •	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of their compensation
David	d T. Hall, President					
_	Box 355, Plaquemine, LA 70765	4		0 (D	
	sy Krennerich, Vice President					
_	Box 1718, Gonzales, LA 70707	4		0	0	
	nas H. O'Neal, Secretary				_	
	Box 398, Vidalia, LA 71373	. 8	8,100	3	9	
	E. West			_		
1020	Sundance Drive, Baton Rouge, LA 70810	16	14,000	0	<u> </u>	
				+	+	
				 	+	
				1	T	
_						
				1		
					1	

ĺ)
L	/

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
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			١.
05-	change on Schedule O. See instructions	34		✓
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	7
c	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	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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	<u> </u>		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	┨		
ээ a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
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), 501(c)(4), and 501(c)(29) 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		✓
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	-200		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		√
41	List the states with which a copy of this return is filed ▶			
42a	· · · · · · · · · · · · · · · · · · ·	318) 3		
b	Located at ► P.O. Box 398, Vidalia, Louisiana ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	71373	-0398 Yes	
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1
	If "Yes," enter the name of the foreign country ▶			Ť
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	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 \Delta 43		.	▶ □
			Yes	No
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		1
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		7
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ See instructions	45b		7

Form 990-	-EZ (20	120)						_	Page 4
46 [Did th	e organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in apposit	ion 🗔	Yes	No
		ndidates for public office? If "Yes," co					. 46	_	7
Part V	_	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que			·	e tables	for lin	es . 🗆
								Yes	No
	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					tax · 47			
		organization a school as described in					48	1_	
		e organization make any transfers to	•				. 49a	+-	<u> </u>
		s," was the related organization a se- plete this table for the organization's					. 49b		d ko
		byees) who each received more than							
		Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) I	dealth benefits,	(e) Estimat	ed amo	unt of
			devoted to position (Forms W-2/1099-MISC) benefit plans, and deferred compensation			Other Co	Impensa		
					_				
51 (Comp	number of other employees paid over olete this table for the organization's 000 of compensation from the organ	s five highest compe		ent contra	ctors who each	received	d more	thar
	(a)	Name and business address of each independent	ent contractor	(b) Type of	(b) Type of service		Compensa	npensation	
	·								
									
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶				
		he organization complete Scheduilleted Schedule A	le A? Note: All se	ection 501(c)(3) o	rganızatıor	ns must attach		s 🕖	No
Under per	naltres	of perjury, I declare that I have examined this red complete Declaration of preparer (other than							
		(a) dred		· · · · · · · · · · · · · · · · · · ·		08-14-2			-
Sign Here	Signature of officer Date Thomas H. O'Neal								
	\bot	Type or print name and title							
Paid Prepa	rer	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	of PTIN		
cpa	. ~ 1								

Firm's name

Firm's address ►

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

Use Only

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

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.

2020

OMB No 1545-0047

Open to Public Inspection

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

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number Louisiana Association of Tax Administrators 72-1403160 Part 1, Line #10 - Annually the organization makes a contribution to the scholarship fund of a public university. This year our committee chose to divide our award between two of our state universities. Southern University (Baton Rouge) and Southeastern Louisiana (Hammond) shared our contribution in the amount of \$2,500 each. Part1, Line #16 - Includes director's reimbursement for travel and miscellaneous expenses incurred by various committees in the presentation of educational programs throughout the year.