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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2014

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.

Ā	For the	2014 calendar year, or tax	year beginning	July 1	, 2014 , and	d ending		une 30		0 15	
8	Chack if a	plicable C Name of orga	enization				D Emp	l oya r ide	mülicətion nur	iber	
	Address o	hame≅ New Iberia Fe	deration of Teachers/S	chool Employees			46-1442405				
` ⊑	Name cha			it delivered to street address) Pa	oom/state	E Teles	Telephone number			
'	Initial retu	PERMIT SE	41					800	0-634-5089		
<u> </u>	í	City or town, sta	ole or province, country, enc	ZIP or foreign postal code			F Gro	ир Ехен	nption		
-		mended return pplication pending Nev. Iberia, LA 70562-3441						Number ➤ 9787			
- G			Accrual Other (spec	olfy) ►		Н	Check	▶ ☑ if	the organizati	ion is not	
-	Website	-		***************************************					ich Schedule I		
- J	Tax-exer	pt status (check only one) —	□ 501(c)(3)	5 i ◀ (insert no) ☐ 4	947(a)(1) or	□527	(Form 9	90, 990	-EZ or 990-P	F).	
		organization: Corporat			Other no						
L.	Add line	5b, 6c, and 7b to line 9 to 6	determine gross receipts				elsees la				
		ımıı (B) below) are \$500,000						▶ \$		108,380	
٠	Part I	Revenue, Expenses	s, and Changes in	Net Assets or Fund	Balances	(see the	e instru	ctions	for Part I)		
~		Check if the organiza								. 🕖	
`	1	Contributions, gifts, gran						1		-0-	
	2	Program service revenue						2		-0-	
	3	Membership dues and a						3		108,380	
	4	Investment income .						4		-0-	
	5a	Gross amount from sale	of assets other than i	nventory	Sa					···········	
	b	Less: cost or other basis		<u> </u>	5b	· ··· · · · · · · · · · · · · · · · ·					
	6			5c		-0-					
	6										
	а	Gross income from gaming (attach Schedule G if greater than									
4		\$15,000)									
4	ь										
Question											
Į.	-	sum of such gross incom									
		Less: direct expenses fro		- •	5c						
	d	Net income or (loss) fro				b and si	ubtract				
		P = 1						6d		-0-	
	7a	Gross sales of inventory	less returns and allo	Names.	7a					<u>-</u>	
	ь	Less: cost of goods sold			7b						
	6	Gross profit or (loss) from		Subtract line 7b from li				70		-6-	
	8	Other revenue (describe				, , ,	` '	8			
	9	Total revenue. Add line			. D.r.	<u> </u>		9		108 380	
	10	Grants and similar amou			1.46	1.11	· ·	10		111 751	
	11	Benefits paid to or for m	• •		/	=!VF		11		-0-	
ģ	12		Non							-0-	
9	13		minus, and carries and an artist at a second at the second at a second at the second a					13		2,837	
Net Assets Expense	14	Occupancy, rent, utilities, and maintenance						14		-0-	
	15							15	•	62	
	16	Other expenses (describe in Schedule O)								14,860	
	17	Total expenses. Add lin	•				./-	16 17	***************************************	129 510	
	40	Excess or (deficit) for the					-	18		(21 130)	
	19	Net assets or fund bala	-	•		nust aare	e with			(= 1 · 131)	
	3	end-of-year figure report			* * * * *	-		19		113,326	
	20	Other changes in riet ass	- ·	·				20		-0-	
	21	Net assets or fund balan						21		92,196	
_	, ~ •	1101 GEOGRAPHOTOLOGICAL	out of the or year. Or			<u> </u>			- 600 F		

	and an Iran O						
Pa	R II Balance Sheets (see the instructions			ms			
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year			
22	Cash, savings, and investments			112,752		91,890	
23	Land and buildings				23	-0.	
24	Other assets (describe in Schedule O)			574		306	
25	Total assets		[113,326		92,196	
26	Total liabilities (describe in Schedule 0)		y-		26	{}-	
27	Net assets or fund balances (line 27 of column			113,326	27	92 196	
Par						Expenses	
Who	Check if the organization used Schedule t is the organization's primary exempt purpose?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Part III		uirad for saction	
Desc	ribe the organization's program service accompli	shments for each o	d its three largest p	orogram services,	orga	라(i) and 501)라(4) nizalions; optional for	
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each		e services provide	d, the number of	other	S.)	
28	All expenses were incurred by the organization whils						
	with members and increasing the membership in the	organization.					
	A TO THE RESIDENCE OF THE PROPERTY OF THE PROP		**************************************	*****************	66.		
29	(Grants \$) If this amount	<u></u>			28a		
23							
	WHEN TO BE SEET THE THE THE THE THE THE THE THE THE		7 25 TH TO THE THE THE THE THE THE THE THE	***************************************			
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	29 a		
30							
	**************************************	******	*******************************	5.0 5.0 5.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	***************************************		*************				
-		includes foreign gra			30a		
31	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra			31a		
32	Total program service expenses (add lines 28s)				32		
Par						tions for Part IV)	
	Check if the organization used Schedule		ny question in this	Part IV		<u> 🗆</u>	
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe		Estimated amount of	
	(a) Name and title	hours per Week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	12	ther compensation	
			(if not paid, enter -0-)	deferred compensation	'		
	ard Trasima	r hm	-0	,	J	a	
Exec	utive Board, President	5 hrs	- <u>-</u> -v	-{	7	-0-	
Hom	es Wanen	2.5 hrs	-0		}_	-0-	
	utive Board, Vice President						
]					
Alexa	inder Dwayne						
Exec	utive Board, Treasurer	25 hrs	-0-	-0	}-	-0-	
				1 .	.	_	
	s Kalain utive Board, Secretary	2.5 hrs	-0		-	0-	
CACL	unve board, Secretary						
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this					
	ilistructions for Part v) Creck it the organization used Schedule O to resputible any question in this	SPAIL	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		√		
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)			<i>y</i>		
35a		34				
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		1		
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	356		./		
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	-				
ь	Did the organization file Form 1120-POL for this year?	37b		1		
388	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			,		
L.	If "Yes," complete Schedule L. Part II and enter the total amount involved	38a		√		
39	Section 501(c)(7) organizations. Enter:	1				
a	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40a						
þ	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-EZ7 if "Yes," complete Schedule L, Part I	40b		1		
3	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.					
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c relmbursed by the organization					
4	transaction? If "Yes," complete Form 8886-T	40e		1		
41	List the states with which a copy of this return is filed ▶ n/a					
42a	Total San Control of the Control of					
E.	Located at ▶ P. O. Box 13441 New Iberla. LA 70562-3441 ZIP + 4 ▶ 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)?	42b	Yes	NO.		
	If "Yes," enter the name of the foreign country; ▶	49,003,3				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
¢	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		. 1	▶ □		
	and enter the amount of tax-exempt interest received or accrued during the tax year					
44a	Dirt the excenization maintain can depay achieved finals draine the secret to the V Company of the	,	Ze¥	No		
	completed instead of Form 990-EZ	44a		<u>√</u>		
	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		✓		
G A	Did the organization receive any payments for indoor tanning services during the year?	44c		1		
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O]			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a				
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	400		√		
<u>-</u>	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		√		

Form 96	10-F7 (7	014)					···			tage 4	
	.		or as a most of		1 (14 . 7 .				Yes	No	
46		he organization engage, directly or it ndidates for public office? If "Yes," o			i benail of o	, iu obibozi	İ				
				Parti			- 1	46			
Part	VI.	Section 501(c)(3) organizations		المحاسم علاجة المتحق مستحقم	50 and an	ملة ملتاسيب	الماسة ب	4-	1		
		All section 501(c)(3) organization	s must answer que	Stions 47-49b and	52, and co	mpiete in	ie labi	es ic	or ner	25	
		50 and 51.	oralist Asia	raat tu a	alta Perikaan						
		Check if the organization used Sc	neaula O ta respona	to any question in t	nis Part VI	- , ,	· ·	 -			
4=	Park Ca	harana ayan da aka ayan ayan ayan da lahika da a		anakan madah alauka		dindan Man			Yes	No	
47		he organization engage in lobbying		section Sulfin election	ou iu e niscr (zuring the	1			j	
	•	year? If "Yes," complete Schedule C, Part II					1_	47 48			
48		e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a Did the organization make any transfers to an exempt non-charitable related organization					zation?		- Pre-	19a			
 b II "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, 							19b				
50	Com	pieto this table for the organization's oyees) who each received more than	tive nignest compen	sated employees (ot)	ner inan omk	ers, orec	10/5, 1/1	usie:	as an	ажеу	
	emp	oyees) who each received more than	i \$ i uu,uuu ar camper	realien from the orga		· · · · · · · · · · · · · · · · · · ·	e, ente	त्र । भ	one,		
	r.s	AT	(b) Average	(c) Reportable	(d) Health contributions		(e) Esti	mate	d aensa	ant of	
	(₽)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred compensation		ethe	r contr	þensát	ion	
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51	Com	number of other employees paid ov- plete this table for the organization' ,000 of compensation from the orga	s five highest compe	insated independent	contractors	who eac	n recei	ved :	more	than	
******	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	ri⇔e	∳ G) Compa	neotic	n		
		······································					-				
	*******			•							
									,,,,,,,,,,,,,,,,, ,,,,,,,,,,,,,,,,,,,	·	
				·				 -			
d	Total	number of other independent contra	ictors each receiving	over \$100,000	>						
52		the organization complete Scheduleted Scheduleted Schedule A	tie A7 Note. All se	ction 501(c)(3) orga	nizations m		na . ⊳ ⊟'	Yes		de .	
Under p	enalties rect. en	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	eturn, including accompany officed is based on all info	ying schedules and statement	ents, and to the	best of my for					
	- 1										
Sign]	Signature of officer					Date 2				
Here		Trasima Richard, President					Drug 20 20 11				
		Transma rachard, President	2.7 (1) 500			upo				صلا	
B1.1		Print/Type preparer's name	Proparer's signature	Da	łc	T	[[7]	'IN			
Paid	* 44 * :	a history a Miss of the collections and a graph place				Check L	31				
Prepa		Firm's name >	<u> </u>		Firm	's EIN ▶	1				
Use (AUIÀ	Firm's address >				Phone ha					
May th	e iRS	discuss this return with the preparer	nstructions) + + \	3 4 5	▶ □ ¹	Yes		10		

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.

OMR No. 1545-9947

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

▶ Information about Schedule O (Form 990 or 890-EZ) and its instructions is at www.irs.gov/form\$90.

Open to Public Inspection

Employer identification number

Non-Institution of Telephores School Epithop with Louis ACT Louis #18.15	20-14 IB4C5						
Fait (Revenue Expensed and Changer) Long 10 Grants & Stintian amounts - American Feathfritia of Teachers For Cacita 201/122							
4 FT 3 tags. Pur Comra 530 530 for a total of \$41.1751							
#### No. 210-100 200 200 200 200 200 200 200 200 200							
Port - Relience - Expenses - Soft Changus - Lime to Chang Expension of Tetal 112 USA dots led concluded in Tr	n et 194 303 116. En Entre de 201						
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