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 black lung benefit trust or private foundation)

2012

OMB No. 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Form **990-EZ** (2012)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20 01/01 12/31 C Name of organization Check if applicable: D Employer identification number Address change TEACHING RESOURCES INTERNATIONAL 71-0838592 Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 501-588-2977 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Cabot, AR 72023 Application pending G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ▶ **H** Check ▶ ☐ if the organization is **not** Website: ► www.teachingresources.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 527 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 127.047 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . ~ 1 127,043 2 2 Program service revenue including government fees and contracts 0 3 3 0 4 4 4 5a Gross amount from sale of assets other than inventory 5a 0 Less: cost or other basis and sales expenses 5b 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . c 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances 7a 0 7b Less: cost of goods sold 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 Other revenue (describe in Schedule O) 8 8 0 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 127.047 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 111,300 13 Professional fees and other payments to independent contractors 13 232 14 14 6,000 15 15 1,621 16 16 42,014 17 17 161,167 18 Excess or (deficit) for the year (Subtract line 17 from line 9) -34,120 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 69,825 Ret 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 35.705 Page 2
Part II Balance Sheets (see the instructions for Part II)

Pal	Balance Sneets (see the instructions	,				_	
	Check if the organization used Schedule	e O to respond to a	ny question in this			•	
	Ocale continue and investments		_	(A) Beginning of year	00	(B) End of year	
22	Cash, savings, and investments		-	69,825	23	35,705	
23 24	Land and buildings				24	0	
25	Total assets		-	69,825	-	35,705	
26	Total liabilities (describe in Schedule O)				26	00,700	
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	69,825		35,705	
Par						Expenses	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲	(Red	quired for section	
What	is the organization's primary exempt purpose?	Providing Religious	educational materia	s and training		(c)(3) and 501(c)(4)	
	ribe the organization's program service accompli					anizations and section 7(a)(1) trusts; optional	
	leasured by expenses. In a clear and concise mons benefited, and other relevant information for each		e services provided	I, the number of		others.)	
28							
	(Grants \$ 0) If this amount	includes foreign gra	ts check here	▶ □	28a	111,300	
29	Printing, Postage for publications, fees and mainten		into, oncorrioro			111,300	
	(O				-		
30	(Grants \$ 0) If this amount Travel, Supplies, Books, Missions support for teach	includes foreign gra			29 a	18,811	
30							
		includes foreign gra			30a	16,057	
31	Other program services (describe in Schedule O)_						
20	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	▶ 📙	31a		
32 Par	Total program service expenses (add lines 28a				32		
rai	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule			•	IStruc	tions for Part IV)	
	Officer if the organization used deficultion	(b) Average	(c) Reportable	(d) Health benefits,	Τ.	· · · · <u></u> □	
(a) Name and title		hours per week	compensation (Forms W-2/1099-MISC			(e) Estimated amount of other compensation	
		devoted to position	(if not paid, enter -0-)				
Jam	es Ehrhard	40	41,095		0	0	
Pres	ident, Missionary	40	41,093		<u> </u>		
	es Albright Jr	40	70,205		0	0	
	ionary, Trustee	0					
	Higgins Freas, Trustee	-	C		0	0	
	e Arnold	0					
Trus			C		0	0	
Brur	o Haustein	0			_	0	
Trus	tee		С		0	0	
Jim	Boles	0	l o		0	0	
Trus	tee				_		
					\perp		
					+		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V 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 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 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a 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 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 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 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 37b 38a 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? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 ; section 4955 ► section 4911 ▶ 0 ; section 4912 ► 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 / 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, Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► AR 41 42a The organization's books are in care of ▶ James Ehrhard Telephone no. ▶ 501-588-2977 Located at ► PO Box 1025, Cabot, AR 72023 ZIP + 4 ▶ 72023 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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

45b

Page 3

Form 99	0-EZ (2	012)							F	Page 4		
								. =	Yes	No		
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," c	idirectly, in political c	ampaign activities Part I	on behalf	of or ir	n opposit	ion				
Part \		Section 501(c)(3) organizations		, raiti		<u>· · · </u>		. 46	<u>, </u>			
rait		All section 501(c)(3) organization		estions 47–49h ar	nd 52 and	d com	nlete the	e tahles	for lin	165		
		50 and 51	3 mast answer que	3110113 47 400 61	10 02, and	J COIII	picte tin	c tables	101 1111	CS		
		Check if the organization used Sci	nedule () to respond	I to any question i	in this Par	+ \/I						
		Check if the organization asca con	icadic o to respond	to any question	in this i ai	. VI		<u> </u>	Yes	No		
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in eff	ect du	ring the	tax	+			
	year?	year? If "Yes," complete Schedule C, Part II										
48	Is the	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								~		
49a	Did th	Did the organization make any transfers to an exempt non-charitable related organization?								~		
b		f "Yes," was the related organization a section 527 organization?										
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees											
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization	. If the	re is none	e, enter '	'None.'	,		
	(a)	Name and title of each employee	(b) Average	(c) Reportable		lealth be	enefits, employee	(e) Estima	ated amo	unt of		
	paid more than \$100,000		hours per week devoted to position	compensation (Forms W-2/1099-MIS	honofit r	benefit plans, and			ompensa			
				(1 011110 11 27 1000 11110	co	compensa						
None												
f	Total	number of other employees paid over	er \$100 000	•								
51		olete this table for the organization			ent contra	— ctors v	vho each	receive	d more	thar		
J 1		,000 of compensation from the orga			one contrac	71013 V	viio caci	i icocivo	u more	, triai		
(-)							(a)	Camanana				
(a) 1	Name a	nd address of each independent contractor pa	(b) Type of service			(c) Compensation						
None												
-						\perp						
				1								
						-						
				+								
						-+						
				1								
d	Total	number of other independent contra	actors each receiving	Over \$100 000	•							
		ne organization complete Schedule A	_		one and 40		1)					
52		xempt charitable trusts must attach			0115 aliu 48	41 (a)(1		► V Ye	۵6 🗆	No		
Linder ne		of perjury, I declare that I have examined this r	· · · · · · · · · · · · · · · · · · ·		tements and	to the he	est of my kr					
		d complete. Declaration of preparer (other than						iowicage a	id belief	, 11 13		
		\										
Sign		Signature of officer										
Here		James Ehrhard, President										
_		Type or print name and title										
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN				
Prepa	arer						self-emplo	I				
Use (Firm's name ▶					Firm's EIN ▶					
		Firm's address ► Phone no.										
May th	e IRS	discuss this return with the preparer	shown above? See	instructions			!		es 🗌	No		