990-E7

Short Form Return of Organization Exempt From Income Tax

2016

OMB No. 1545-1150

Open to Public

Inspection

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

Department of the Treasury

▶ 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. Internal Revenue Service

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20 01/01 C Name of organization Check if applicable: D Employer identification number TEACHING RESOURCES INTERNATIONAL Address change 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 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code 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** required to attach Schedule B www.teachingresources.org (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) − ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or 527 **K** Form of organization: Corporation Trust Other Association 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 143,815 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I ~ 1 143,813 2 Program service revenue including government fees and contracts 2 0 3 3 0 4 Investment income 4 2 Gross amount from sale of assets other than inventory 5a 0 h Less: cost or other basis and sales expenses 0 С Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 0 Gross income from fundraising events (not including \$ 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 . . . 6с 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d 0 Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 0 8 Other revenue (describe in Schedule O) 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 143.815 10 Grants and similar amounts paid (list in Schedule O) . . 10 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 114,384 13 Professional fees and other payments to independent contractors 13 137 14 14 17,416 15 15 924 16 16 15,434 17 17 148,295 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 -4,480 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 38.097 20 20 Other changes in net assets or fund balances (explain in Schedule O) 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 33.617

Form 990-EZ (2016) Page 2 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 (A) Beginning of year (B) End of year 22 Cash, savings, and investments . . . 38.097 22 33,617 23 Land and buildings 0 23 0 Other assets (describe in Schedule O) 24 0 24 0 38,097 25 25 33,617 26 Total liabilities (describe in Schedule O) . . . 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 38.097 27 33.617 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Providing Religious educational materials and training 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Salaries for Teaching Internationally 0) If this amount includes foreign grants, check here 28a (Grants \$ 114,384 Printing, Postage for publications, supplies for ministry 29a (Grants \$ 0) If this amount includes foreign grants, check here . 3,501 Travel and Missions support for teaching internationally 0) If this amount includes foreign grants, check here 30a 30,410 (Grants \$ 0) If this amount includes foreign grants, check here 31a 0 148,295 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation James Ehrhard 40 48,884 President, Missionary James Albright Jr 40 65,500 Missionary, Trustee Mike Higgins 0 0 Sec/Treas, Trustee Steve Arnold 0 0 **Trustee Bruno Haustein** 0 0 **Trustee** 0 0 Jim Boles Trustee

Form 990-EZ (2016)

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 detailed description of each activity in Schedule O	33	Yes	No
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	33		
	change on Schedule O (see instructions)	34		~
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	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		
С	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		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
b 38a	Did the organization file Form 1120-POL for this year?	37b		~
	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 a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0; section 4912 \blacktriangleright 0; section 4955 \blacktriangleright 0			
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		\ \
С	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			
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 ► AR		•	
42a			8-297	7
h	Located at ► PO Box 1025, Cabot, AR 72023 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	720	023	NI.
b	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: ► 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 \blacktriangleright 43		. 1	▶ □
44-	Did the appropriation projection and depart advised for the desired the compact of 600 and 1 to 100 and 1 to		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		~
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		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
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		
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		~

Page 3

Form 99	U-EZ (21	0110)							1	age -
									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c								1
Part \		Section 501(c)(3) organizations						. 40		
		All section 501(c)(3) organizations		stions 47–49b an	d 52, and	d com	plete th	e tables	for lin	es
		50 and 51.								
		Check if the organization used Sch	edule O to respond	to any question in	n this Part	.VI				\Box
	5			504(1)				. —	Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect du	ring the	tax . 47		-
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," complet	te Schedul	eЕ.		. 48		~
		ne organization make any transfers to								~
		s," was the related organization a se								L
50		plete this table for the organization's byees) who each received more than								
	empi	Jyees) who each received more than				lealth be		e, enter	INOITE.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribu	contributions to en		(e) Estima		
		. ,	devoted to position	(Forms W-2/1099-MIS	(,) .	ians, and impensa	I	other co	mpensa	ition
None										
51	Comp \$100	number of other employees paid over olete this table for the organization's 000 of compensation from the organ Name and business address of each independ	pensated independent contractors who each received more that none, enter "None." (b) Type of service (c) Compensation							
None						-				
NOTIC										
						-				
						+				
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶					
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations m							n a		
	comp	eleted Schedule A				<u> </u>		.► ✓ Ye	s 🗌	No
		of perjury, I declare that I have examined this r						nowledge ar	nd belief	, it is
ırue, corı	rect, an	d complete. Declaration of preparer (other than	onicer) is based on all info	rmation of which prepar	er nas any kr	owieage	ə. 			
Sian		Signature of officer								
Sign Here		Signature of officer								
11616		James Ehrhard, President Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Paid Prepa	arer						self-emplo			
Use (Firm's name ▶	Firm'			n's EIN ▶				
		Firm's address ▶				Phone	no.			
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions				► □ Ye	s 🗌	No