Form

CT-12F

For Oregon Charities

Charitable Activities Section Oregon Department of Justice

100 SW Market Street Portland, OR 97201-5702

Email: charitable.activities@doj.state.or.us FAX (971) 673-1882 Website: http://www.doj.state.or.us

VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882 2019

For Accounting Periods Beginning in:

Section I. General Information

PLENSE UPDATE

| Cross Through Incorrect | Items and Correct Here |
|---------------------------------|-----------------------------|
| (See instructions for change of | name or accounting period.) |

Registration #: 32041

Organization Name: TeX Users Group

Address: PO Box 2311

City, State, Zip: Portland, OR 972082311

Phone: 5032239994

Fax: 8153013566

Amended Report?

Email: office@tug.org

Period Beginning: 1/1/2019 Period Ending: 12/31/2019

| 2. | accompanying notes, schedules, or other documents supplementing the report or financial statements. |
|----|---|
| | is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in |

_____1 es [2

4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions

| | - | ı |
|-----|---|-----|
| Vac | • | No |
| Yes | | INO |

5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.

| Yes | 1 | No |
|-----|---|----|
| | _ | |

Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)

| ., | | No |
|-----|---|-----|
| Yes | ~ | 140 |

Provide contact information for the person responsible for retaining the organization's records.

Oregon? If yes, write the name of the fund-raising firm(s) who conducts the campaign(s):

| Name | Position | Phone | Mailing Address & Email Address |
|--------------|--------------------|----------------|--|
| Robin Laakso | Executive Director | (503) 223-9994 | PO Box 2311 Portland, OR 97208 office@tug.org |

List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

| | (A) Name, mailing address, daytime phone number, and email address | (B) Title & average weekly hours devoted to position | (enter \$0 if |
|----------|--|--|---------------|
| Name: | Susan DeMeritt | Secretary | \$0.00 |
| Address: | PO Box 2311 Portland, OR 97208 | | |
| Phone: | 5032239994 | ∤ o∕hrs | |
| Email: | office@tug.org | , | |
| Name: | Karl Berry | Treasurer | \$0.00 |
| Address: | PO Box 2311 Portland, OR 97208 | | |
| Phone: | 5032239994 |) Ø hrs | * |
| Email: | karl@tug.org | | |
| Name: | Boris Veytsman | President | \$0.00 |
| Address: | PO Box 2311 Portland, OR 97208 | , | |
| Phone: | 5032239994 | ∖ ø hrs | |
| Email: | office@tug.org | | |

| Name: | Robin Laakso ARTHUR REUTENAUER | Vice President | \$0.00 |
|----------|---|--------------------|-------------|
| Address: | PO Box 2311 Portland, OR 97208-2311 | | |
| Phone: | 5032239994 | f of hrs | |
| Email: | office@tug.org | | , |
| Name: | Robin Laakso | Executive Director | \$0.00 |
| Address: | PO Box 2311 Portland, OR 97208-2311 DUPLICATE | | |
| Phone: | 5032239994 DEVETE | 0.hrs | |
| Email: | office@tug.org | | |
| Name: | Robin Laakso | Executive Director | \$52,452.00 |
| Address: | PO Box 2311 Portland, OR 97208 | | |
| Phone: | 5032239994 | 40 hrs | |
| Email: | office@tug.org | | |

Form Continued on Reverse Side

| Sec | tion II. Fee Calculation | | | | |
|---------------|--|---|---|-------------------------------|---|
| 9. | Total Oregon Revenue (If Oregon revenue is unknown or cannot be reasonably estimated, write the total rever Form 990; Line 9 on Form 990-EZ; or Part I, Line 12a on Form 990-PF.) (If estimated | | 9. \$525.00 | | |
| 10. | Revenue Fee | | | 10. | \$20.00 |
| | (See chart below. Minimum fee is \$20, even if total revenue is a negative amount.) | | | 017/01/14/2 | |
| | Amount on Line 9 Revenue Fee \$0 - \$24,999 \$20 \$25,000 - \$49,999 \$50 \$50,000 - \$99,999 \$90 \$100,000 - \$249,999 \$150 \$250,000 - \$499,999 \$200 \$500,000 - \$999,999 \$300 \$1,000,000 or more \$400 | | | | |
| 11. | Oregon Net Assets or Fund Balances at End of the Reporting Period (If the Oregon amount is unknown, write the total net assets or fund balances from Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF.) | 11. \$525.00 | | | |
| 12. | Oregon Net Fixed Assets Used to Conduct Charitable Activities (If the Oregon amount is unknown, write \$0.) | 12. \$525.00 | | | , |
| 13. | Amount Subject to Net Assets or Fund Balances Fee (Line 11 minus Line 12. If less than \$50,000, write \$0.) | | 13. \$0.00 | | |
| 14. | Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. | 00. Round cents to the nearest whole d | ollar.) | 14. | \$0.00 |
| 15. | Are you filing this report late? | | | | |
| | (If yes, the late fee is a minimum of \$20. You may owe more depending on how late t Charitable Activities Section at (971) 673-1880 to obtain late fee amount.) | the report is. See Instruction 15 for add | itional information or contact the | 15. | \$0.00 |
| 16. | Total Amount Due (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice. | .) | | 16. | \$20.00 |
| 17. | Attach a copy of the organization's federal 990 or other return an that Form 990 & 990EZ filers do not need to attach a copy of the had Total Revenue of \$50,000 or more, or Net Assets or Fund B required to complete certain IRS forms for Oregon purposes only "For Oregon Purposes Only." If your organization files IRS Form | eir Schedule B. Also, if the org salances of \$100,000 or more, v. If the attached return was n | ganization did not file with the last see the instructions as the or not filed with the IRS, then man | IRS or ganizat rk any s | filed a 990-N, but tion may be such return as |
| Pleas | Under penalties of perjury, I declare that I have examine to the best of my knowledge and belief, it is true, correct | ed this return, including all acc | companying forms, schedules, | and at | tachments, and |
| Sign Here | s/Dahin Laaksa | 6/23/2020 | Executive Director | | |
| | Signature of officer | Date | Title | | |
| | Robin Laakso | PO Box 2311 Portland, C | PR 97208-2311 | | |
| | Officer's name (printed) | Address | | | |
| | | (503) 223-9994 | | | |
| | | Phone | | | |
| aid repare | r's | | | | |
| Jse Only | | Date | Phone | 7 | - |
| | Preparer's name (printed) | Address | | | |

Form

CT-12F

For Oregon Charities

Charitable Activities Section Oregon Department of Justice

100 SW Market Street Portland, OR 97201-5702 Email: charitable.activities@doj.state.or.us Website: http://www.doj.state.or.us

VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882 For Accounting Periods Beginning in:

| Section I. General Information | on |
|--------------------------------|----|
|--------------------------------|----|

| | | | | Cross Thro (See instructi | ough Incorrect It ons for change of n | tems and Correct ame or accounting p | : Here: eriod.) |
|----|---|---|----------------------------|---------------------------------|--|--|---|
| | | | | Registration # | t: 32041 | | |
| | | | | Organization | Name: TeX Users (| Group | |
| | | | | Address: PO | Box 2311 | | |
| | | | | City, State, Z | ip: Portland, OR 9 | 72082311 | |
| | | | | | Eav: S | 8153013566 | Amended |
| | | | | Phone: 50322 | 209994 | 7133013300 | Report? |
| | | | | Email: office@ Period Beginr | | eriod Ending: 12/31/2 | .019 |
| 2. | | ublic accountant audit you otes, schedules, or other | | | | financial statements, | Yes 🗸 N |
| 3. | | on a party to a contract in write the name of the fund | | | | one fund-raising in | U voo ✓N |
| 4. | Has the organiza | ation or any of its officers, ncy, such as a state attor | directors, trustees, or k | ey employees ever sig | ned a voluntary agr | eement with any | 1 es [4] 1 v |
| | in any court or ac | dministrative agency regain of each such agreemen | arding charitable solicita | ition, administration, ma | anagement, or fiduo | lary practices? If yes | Yes 🗸 N |
| 5. | organization rece | ting period, did the orgar eive a determination lette nded document or letter. | | | | | Yes V |
| 6. | Is the organization | on ceasing operations an | d is this the final report | ? (If yes, see instruction | ns on how to close | your registration.) | Ves VN |
| 7. | Provide contact i | information for the persor | n responsible for retaini | ng the organization's re | ecords. | | |
| | Name Position P | | | Phone | Mailir | ng Address & Email A | ddress |
| | Rol | bin Laakso | Executive Director | (503) 223-9994 | PO Bo | ox 2311 Portland, OF | 97208 |
| | | | | | | office@tug.org | |
| 8. | did not receive o | List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positious did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes sufferment | | form includes sub: | stantially the same co | ompensation | |
| | | | | | | (B) Title & average weekly hours devoted to position | (C) Compensation (enter \$0 if position unpaid) |
| | Name: | Susan DeMeritt | | | | Secretary | \$0.00 |
| | Address: PO Box 2311 Portland, OR 97208 | | | | | | |
| | Phone: | 5032239994 | | | | 0 hrs | |
| | Email: office@tug.org | | | | | | |
| | Name: | Karl Berry | | | | Treasurer | \$0.00 |
| | Address: | PO Box 2311 Portland, | OR 97208 | | . – – – – | | |
| | Phone: | 5032239994 | | | | 0 hrs | |
| | Email: | karl@tug.org | | | | | |
| | Name: | Boris Veytsman | | | | President | \$0.00 |
| | Address: | PO Box 2311 Portland, | OR 97208 | | . – – – – | | |
| | Phone: | 5032239994 | | | | 0 hrs | |
| | | | | | | | |

| Name: | Robin Laakso | Vice President | \$0.00 |
|----------|-------------------------------------|--------------------|-------------|
| Address: | PO Box 2311 Portland, OR 97208-2311 | | |
| Phone: | 5032239994 | 0 hrs | |
| Email: | office@tug.org | | |
| Name: | Robin Laakso | Executive Director | \$0.00 |
| Address: | PO Box 2311 Portland, OR 97208-2311 | | |
| Phone: | 5032239994 | 0 hrs | |
| Email: | office@tug.org | | |
| Name: | Robin Laakso | Executive Director | \$52,452.00 |
| Address: | PO Box 2311 Portland, OR 97208 | | |
| Phone: | 5032239994 | 40 hrs | |
| Email: | office@tug.org | | |

Form Continued on Reverse Side

| Section II | | . Fee Ca | lculatio | n | | | | | | | | |
|-----------------|---|--|--------------------|--|--|-------------------------------------|---|--------------|--------|------------------------|---------|-----------------|
| | | | | | | | | | | | | |
| 9. | (If Oregon r Form 990; I | egon Revenue revenue is unknown Line 9 on Form 990- ttach explanation.) | EZ; or Part I, Lin | sonably estimate e 12a on Form 99 | d, write the total reve 90-PF.) (If estimated | nue from I | Line 12 (current yea ganization claims r | ar) on 10 | 9. | \$525.00 | | |
| 10. | Revenue Fee (See chart below. Minimum fee is \$20, even if total revenue is a negative amount.) | | | | | | | | | 10. | \$20.00 | |
| | Amount on Line 9 Revenue Fee | | | | | | | | | | | |
| | \$0 \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,0 |) - \$249,999 - \$499,999 - \$999,999 | | \$20 \$50 \$90 \$150 \$200 \$300 \$400 | | | | | | | | |
| 11. | Period (If the Oreg | Net Assets or f gon amount is unkno nd of year) on Form PF.) | own, write the tot | al net assets or fu | und balances from | 11. | \$525.00 |) | | | | |
| 12. | | Net Fixed Assegon amount is unkno | | Conduct Char | itable Activities | 12. | \$525.00 |) | | | | |
| 13. | | Subject to Net | | | Fee | | | | 13. | \$0.00 | | |
| 14. | Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.) | | | | | | | | 14. | \$0.00 | | |
| 15. | Are you | filing this repo | rt late? | Yes | √ No | | | | | | | |
| | (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.) | | | | | | | | 15. | \$0.00 | | |
| 16. | 16. Total Amount Due (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.) | | | | | | | | | | 16. | \$20.00 |
| 17. | Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but 17. had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing | | | | | | | | | | | |
| Pleas | | | | | t I have examine it is true, correct | | | g all acc | compar | nying forms, schedules | , and a | ttachments, and |
| Sign Here | | s/Robin L | , , | e and bener, | it is true, correct | | 3/2020 | | | Executive Directo | r | |
| 1010 | | Signature | of officer | | | Da | te | _ | | Title | | |
| | | Robin Laakso | | | | PO Box 2311 Portland, OR 97208-2311 | | | | | | |
| | Officer's name (printed) | | | | | Add | Address | | | | | |
| | | | | | | (503) 223-9994 | | | | | | |
| | | | | | | Pho | one | | | | | |
| Paid Prepare | r's | | | | | | | | | | | |
| Jse Onl | | Preparer's | s signature | | | Da | te | _ | | Phone | | |
| | | Preparer's | s name (prin | ted) | | Add | dress | | | | | |