

CT-12F

For Foreign Corporations

Charitable Activities Section Oregon Department of Justice

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Portland, OR 97201-5451
E-Mail: charitable.activities@doj.state.or.us
Web site: http://www.doj.state.or.us

VOICE (503) 229-5725
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For Accounting Periods Beginning in:

2003

Section I. General Information

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

Registration #: 32041

Organization Name: TeX Users Group

Address: 1466 NW Naito Parkway

City, State, Zip: Portland, OR 97209

Phone: 503-223-9994 Fax: 503-223-3960 Amended Report?

Period Beginning: 01/01/2003 Period Ending: 12/31/2003

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes and any schedules presented as supplementary information to the basic financial statements. Yes No
3. Is the corporation a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? Yes No
- If yes, write the name of the fund-raising firm(s) who conducts the campaign(s):
4. Has the corporation or any officer, director, or executive personnel of the corporation ever been involved in a voluntary agreement with any district attorney or attorney general or a legal action in any court regarding the corporation's solicitation, administration, or management practices? If yes, attach copies of the agreement and a written explanation. Yes No
5. During this reporting period, did the corporation amend its articles of incorporation, bylaws, or trust documents, OR did the corporation receive a determination letter from the Internal Revenue Service indicating a new or amended tax-exempt status? If yes, attach a copy of the amended document or letter. Yes No
6. Is the corporation ceasing operations in Oregon and is this the final report? (If yes, see instructions.) Yes No
7. Provide contact information for the person responsible for retaining the corporation's records.

Name	Position	Phone	Mailing Address
Robin L. Laakso	Exec Director	503-223-9994	PO Box 2311, Portland, OR 97208

8. 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 any compensation from the organization. Attach additional sheets if necessary. If an IRS form is attached that includes substantially the same information, the phrase "See IRS Form" may be entered in lieu of completing this section.

(A) Name, daytime phone number & mailing address	(B) Title & average weekly hours devoted to position	(C) Compensation (If not paid, enter \$0)	(D) Contributions to benefit plans & deferred compensation	(E) Expense account & other allowances
Name: See attached IRS tax return Address: Phone: ()				
Name: Address: Phone: ()				
Name: Address: Phone: ()				

Section II. Fee Calculation

9.	Total Oregon Revenue (If Oregon revenue is unknown, write the total revenue from Line 12 on Form 990; Line 9 on Form 990-EZ; or Part I, Line 12a on Form 990-PF.)	9.	500.00																			
10.	Revenue Fee (See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)	10.	10.00																			
	<table border="1"> <thead> <tr> <th>Amount on Line 9</th> <th>Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$10	\$25,000 - \$49,999	\$25	\$50,000 - \$99,999	\$45	\$100,000 - \$249,999	\$75	\$250,000 - \$499,999	\$100	\$500,000 - \$749,999	\$135	\$750,000 - \$999,999	\$170	\$1,000,000 or more	\$200			
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\$500,000 - \$749,999	\$135																					
\$750,000 - \$999,999	\$170																					
\$1,000,000 or more	\$200																					
11.	Total Oregon Program Service Expenses (See Instructions.)	11.	350.00																			
12.	Oregon Net Assets or Fund Balances at the End of the Reporting Period (If the Oregon amount is unknown, write the total net assets or fund balances from Line 21 on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF.)	12.	150.00																			
13.	Oregon Net Fixed Assets Used to Conduct Charitable Activities (If the Oregon amount is unknown, write \$0.)	13.	0																			
14.	Amount Subject to Net Assets or Fund Balances Fee (Line 12 minus line 13. If less than \$50,000, write \$0.)	14.	0																			
15.	Net Assets or Fund Balances Fee (Line 14 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)	15.	0																			
16.	Delinquency Penalty (If report is submitted after the due date, the delinquency penalty is \$20.)	16.																				
17.	Total Amount Due (Add Lines 10, 15, and 16. Make check payable to the Oregon Department of Justice.)	17.	10.00																			
18.	Attach a copy of the corporation's federal tax returns and all supporting schedules and attachments except any schedule of contributors. Also, see the instructions as the corporation may be required to complete certain IRS Forms for Oregon purposes.																					

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒ _____
Signature of officer

08/12/04
Date

Exec Director
Title

Paid Preparer's Use Only

⇒ _____
Preparer's signature

Preparer's name

Date

Address

Phone