Form

## CT-12F

For Foreign Charities

## Charitable Activities Section Oregon Department of Justice

100 SW Market Street Portland, OR 97201-5702 Email: charitable@doj.state.or.us Website: http://www.doj.state.or.us VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882

2023

For Accounting Periods Beginning in:

## **Section I. General Information**

1.				Cross Through Incorrect Items and Correct Here: (See instructions for change of name or accounting period.)					
			Registration #:	Registration #: 32041  Organization Name: TeX Users Group  Address: PO Box 2311					
			Organization N						
			Address: PO E						
			City, State, Zip	City, State, Zip: Portland, OR 972082311					
			Phone: (503) 2	Amended 223-9994 Fax: (815) 301-3566 Report?					
			Email: office@ Period Beginni						
2.	Did a certified public accountant audit you accompanying notes, schedules, or other								
3.	Is the organization a party to a contract we fundraising firm(s) here:	th a fundraising firm th	at relates to solicitations	in Oregon? If yes, write the name of the					
4.	Has the organization or any of its officers, any government agency or been a party t solicitation, administration, management, action. See instructions	o legal action in any co	ourt or administrative age	ency regarding charitable					
5.	During this reporting period, did the organ organization receive a determination or re yes, attach a copy of the amended docum	vocation letter from the							
6.	Is the organization ceasing operations in oregistration.)	Oregon and is this the	final report? (If yes, see	instructions on how to close your Yes No					
7.	Provide contact information for the person	responsible for retain	ing the organization's rec	cords.					
	Name	Position	Phone	Mailing Address & Email Address					
	Sophia Laakso-Brown	Administrator	(503) 223-9994	PO Box 2311 Portland, OR 972082311 office@tug.org					
8.		litional sheets if neces	sary. If an attached IRS	of these positions at any time during the year even if they form includes substantially the same compensation .					

(B) Title & average (C) Compensation (A) Name, mailing address, daytime phone number, and email address weekly hours enter \$0 if position unpaid) devoted to position Name: Klaus Hoeppner Secretary \$0.00

Address: PO Box 2311 Portland, OR 97208 Phone: (503) 223-9994 1 hrs Email: office@tug.org Name: Karl Berry Treasurer \$0.00 Address: PO Box 2311 Portland, OR 97208 Phone: (503) 223-9994 4 hrs karl@tug.org Email: Name: Boris Veytsman Vice President \$0.00 Address: PO Box 2311 Portland, OR 97208 Phone: (503) 223-9994 1 hrs office@tug.org Email:

Name:	Arthur Reutenauer	President	\$0.00
Address:	PO Box 2311 Portland, OR 97208-2311		
Phone:	(503) 223-9994	1 hrs	
Email:	office@tug.org		
Name:	ress: PO Box 2311 Portland, OR 972082311		\$33,000.00
Address:			
Phone:			
Email:	office@tug.org		

Form Continued on Reverse Side

Section II. Fee Calculation										
9.	Total Oregon Revenue (If Oregon revenue is unknown or cannot be reasonably estimated, write the total revenue from Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; or Part I, Line 12a on Form 990-PF. If estimated, or if organization claims no revenue, attach explanation.)  9. \$143,898.00						\$143,898.00			
10.	Revenue Fee (See chart below. Minimum fee is \$20, even if total revenue is a \$0 or negative amount.) The revenue fee is determined by the amount on line 9.							10.	\$150.00	
	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.	Period (If the Ore Part I, Line	gon amount is unknown, write the e 22 (end of year) on Form 990; Lii	nces at End of the Reporting total net assets or fund balances from ne 21 on Form 990-EZ; or Part III, Line 6	11.	\$102,766.00					
12.		,	Conduct Charitable Activities	12.	\$0.00					
13.		nt Subject to Net Assets or Fund Balances Fee minus line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)			•	13.	\$102,766.00			
14.	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			<b>00</b> . Roun	<u> </u>			14.	\$10.00	
15.	15. Are you filing this report 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.)						16.	\$160.00		
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 had 17. Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations 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 if available.										
Pleas	se		y, I declare that I am an officer nedules, and attachments, and							
Sign Here		s/Sophia Laakso-Br			15/2024	and 50	Administrator	110 0011	ipioto.	
lileie		Signature of officer		Da	ite		Title			
		Sophia Laakso-Brown			PO Box 2311 Portland, OR 972082311					
		Officer's name (printed)			Address					
				(503) 223-9994						
		Phone								
Paid Prepare										
Use Onl	Preparer's signature		Da	Date Phone						
		Preparer's name (printed)		Ad	Address					