

**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.usVOICE (971) 673-1880  
TTY (800) 735-2900  
FAX (971) 673-1882**2017****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: PO Box 2311

City, State, Zip: Portland , OR 972082311

Phone: 5032239994

Fax: 8153013566

Amended  
Report?

Email: office@tug.org

Period Beginning: 1/1/2017 Period Ending: 12/31/2017

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.

 Yes  No

3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? If yes, write the name of the fund-raising firm(s) who conducts the campaign(s):

 Yes  No

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

 Yes  No

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  No

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

 Yes  No

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

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

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 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	(C) Compensation (enter \$0 if position unpaid)
Name:	Robin Laakso	Executive Director	\$0.00
Address:	PO Box 2311 Portland, OR 97208-2311		
Phone:	5032239994	0 hrs	
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 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. \$350.00

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 - \$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. \$350.00

12. Oregon Net Fixed Assets Used to Conduct Charitable Activities  
(If the Oregon amount is unknown, write \$0.)

12. \$350.00

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.** Round cents to the nearest whole dollar.)

14. \$0.00

15. Are you filing this report late?  Yes  No

15. \$0.00

(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.)

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 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

**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.

s/Robin Laakso

5/14/2018

Executive Director

Signature of officer

Date

Title

Robin Laakso

PO Box 2311 Portland, OR 97208-2311

Officer's name (printed)

Address

(503) 223-9994

Phone

**Paid Preparer's Use Only**

Preparer's signature

Date

Phone

Preparer's name (printed)

Address