Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2017

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2017 calenda	ar year, or tax year beginning 01/01 , 2017, and ending	12/31	, 20 17			
В	Check if ap	oplicable:	C Name of organization	mployer ic	dentification number			
	Address c	hange	TEX USERS GROUP	2	22-2868942			
	Name cha	•	elephone n	number				
=	Initial retur	rn rn/terminated	PO BOX 2311	50	03-223-9994			
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption			
=		n pending	PORTLAND, OR, 97208-2311	Number I	>			
G A	Account	ting Method:	☐ Cash ☑ Accrual Other (specify) ► H Che	ck ▶ 🗹	if the organization is not			
	Vebsite			ired to att	tach Schedule B			
J T	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 (For	n 990, 99	0-EZ, or 990-PF).			
			Corporation Trust Association Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass					
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	*	92,880			
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst					
_			the organization used Schedule O to respond to any question in this Part I .		<u>v</u>			
	1		ons, gifts, grants, and similar amounts received		7,655			
	2	-	ervice revenue including government fees and contracts	. 2	7,101			
	3		ip dues and assessments	. 3	76,502			
	4	Investment		. 4	546			
	5a		ount from sale of assets other than inventory	0				
	b		or other basis and sales expenses	0 _	0			
en	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events						
	а	Gross inc \$15,000) .	0					
Revenue	b	Gross inco	ome from fundraising events (not including \$ 0 of contributions					
Re			raising events reported on line 1) (attach Schedule G if the					
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	0				
	С		ct expenses from gaming and fundraising events 6c	0				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra-	ot				
		line 6c) .		· 6d	0			
	7a		s of inventory, less returns and allowances	0				
	b		of goods sold	0				
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. <u>7c</u>	0			
	8		nue (describe in Schedule O) . See Schedule O, Statement 1		1,076			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		92,880			
	10		d similar amounts paid (list in Schedule O)	. 10	0			
	11		aid to or for members		0			
Expenses	12		ther compensation, and employee benefits		63,187			
en	13 14		al fees and other payments to independent contractors		0			
껐	15		y, rent, utilities, and maintenance		5,927			
_	16		enses (describe in Schedule O) .See Schedule O, Statement 2		29,704			
	17				12,630			
_	18	Excess or	enses. Add lines 10 through 16	. 18	111,448 -18,568			
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with		-10,300			
SS	-		ar figure reported on prior year's return)		146,835			
Net Assets	20		nges in net assets or fund balances (explain in Schedule O) .See Schedule O, Statem		3,357			
ž	21		or fund balances at end of year. Combine lines 18 through 20	► 21	131,624			

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Pai	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule		ny question in this	Part II		v
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[193,912	22	184,765
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sch	edule O, Statement 4	<u> </u>	715	-	275
25	Total assets			194,627	-	185,040
26	Total liabilities (describe in Schedule O) See So			47,792	-	53,416
27	Net assets or fund balances (line 27 of column	· / •		146,835	27	131,624
Par		•		,		-
	Check if the organization used Schedule	• • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	Part III L	(Rec	Expenses auired for section
What	t is the organization's primary exempt purpose?	See Schedule O, Sta	itement 6		,	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompline assured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the			orga othe	anizations; optional for
28	Publish and print the journal TUGboat 3 times per y					
	annually. Ship the journal and software to TUG men			available to		
	TUG members, as well as to the public, electronical	~				
	,	includes foreign gra	ints, check here .	▶ ⊔	28a	29,541
29	TUG annual conference, including attendee and spe	aker sponsorship.				
	/Overland	in al cala a favaiana ana			00-	
30	(Grants \$ 1,803) If this amount	includes foreign gra	ints, check here .	> 🗸	29 a	0
30						
	(Grants \$) If this amount	includes foreign gra	ents check here	▶ □	30a	,
31	Other program services (describe in Schedule O)				000	1
٠.		includes foreign gra			31a	0
32	Total program service expenses (add lines 28a				32	
Par					nstru	
	Check if the organization used Schedule			•		🗀
		(b) Average	(c) Reportable	(d) Health benefits,	Ι,,	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	(Estimated amount of other compensation
Bori	s Veytsman	1	C)	0	0
Pres	ident					
Arth	ur Reutenauer	1	C)	0	0
	President					
	DeMeritt	. 1	C)	0	0
	etary					
	Berry	. 1	C		0	0
	surer					
	ara Beeton	. 1	C		0	0
Direc		1				
Direc	Innes Braams	. 1	C		0	0
					_	0
	Christianson	1		r I	A I	U
Direc	Christiansen	. 1	C		0	
Mich	ctor					
	ctor ael Doob	. 1	C		0	0
Direc	ctor ael Doob ctor	. 1	C		0	
Direc	ctor ael Doob ctor Hoekwater					0
Direct Direct	ctor ael Doob ctor Hoekwater ctor	. 1	C		0	0
Direct Tacc Direct Klau	ctor ael Doob ctor Hoekwater ctor s Hoeppner	. 1	C		0	
Direct Direct Management Direct Direc	ctor ael Doob ctor Hoekwater ctor s Hoeppner ctor	. 1	C		0	0
Direct Direct Management Direct Direc	ctor ael Doob ctor Hoekwater ctor s Hoeppner ctor k Mittelbach	1	C		0 0 0	0
Direct Mau Direct Fran Direct	ctor ael Doob ctor Hoekwater ctor s Hoeppner ctor k Mittelbach	1	C		0 0 0	0

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 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 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a 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 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 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 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 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: o ; section 4912 ► section 4911 ▶ o ; section 4955 ▶ 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 / 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, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ OR 41 **42a** The organization's books are in care of ► Robin Laakso Telephone no. ▶ 503-223-9994 Located at ► PO Box 2311, Portland, OR 97208-2311 ZIP + 4 ▶ 97208-2311 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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). 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: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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 45b

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-orm 99	U-EZ (20	J17)							P	age 🖣
									Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," c						46		~
Part \		Section 501(c)(3) organizations		-t: 47 40l	-1.50	1 1 - 4 -	41 4-1		!!	
		All section 501(c)(3) organization: 50 and 51.	s must answer que	stions 47–49b ar	10 52, and	a complete	tne tar	oies to	or iine	es
		So and S1. Check if the organization used Sch	andula O to respond	to any question i	n thic Dar	· \/I				
		Check if the organization used Sci	ledule O to respond	to arry question i	II IIIIS Fai	. VI	<u> </u>	• •	Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect during th	ie tax	47	103	<u>ν</u>
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes." comple	te Schedul	eE		48		~
49a		ne organization make any transfers to						49a		~
b		s," was the related organization a se						49b		
50		plete this table for the organization's								d key
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the or			one, en	iter "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, tions to employed lans, and deferrompensation		stimate her com		
None										
							+			
							+			
f 51	Comp	number of other employees paid over olete this table for the organization' 000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	ctors who ea	ch rec	eived	more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service		(c) Com	pensation	on	
None										
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶					
52	Did t	he organization complete Schedu	•	ection 501(c)(3) or	_			☑ Yes		No
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other thar					knowled	dge and	belief,	it is
		<u> </u>								
Sign Here		Signature of officer Robin Laakso, Executive Director				Date				
		Type or print name and title			D .	1		DT:*:		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check self-em		PTIN		
Prepa Use (Firm's name ▶	1			Firm's EIN ▶	-			
	Jilly	Firm's address ▶				Phone no.				
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			. ▶ □	Yes		No.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Rul

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Insp

Employer identification number

Open to Public Inspection

	USERS GROUP						68942	
Pai	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
The o	organization is not a private found		,		-	•		
1	A church, convention of church							
2	A school described in section		·					
3	A hospital or a cooperative ho							
4	A medical research organization hospital's name, city, and state	e:						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit	described in
6 7								
8	☐ A community trust described	in section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the co	ollege or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu t income and un	nctions—subject to c related business taxa	ertain exc ble incon	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 331/3	% of its
11	An organization organized and	-	- · · · · · · · · · · · · · · · · · · ·	-				
12	An organization organized and of one or more publicly supp Check the box in lines 12a through the control of th	orted organizatio	ns described in sect i	ion 509(a	1)(1) or se	ection 509(a)(2). See	e sect i	ion 509(a)(3).
а	☐ Type I. A supporting organization supporting organization. Y	nization operated n(s) the power to	I, supervised, or contr regularly appoint or e	olled by elect a ma	its suppo ajority of t	rted organization(s),	typica	lly by giving
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same				
С	Type III functionally integrates supported organization	jrated. A suppor	ting organization oper	rated in c			ally inte	egrated with,
d	☐ Type III non-functionally	. , .	•		-		nted o	rganization(s)
-	that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е	☐ Check this box if the organ functionally integrated, or	Type III non-fund	tionally integrated sup	oporting	organizat	ion.	, ,,	oe III
f	Enter the number of supported	organizations .						
g		1	1	1		T		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota								

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	·	•	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	127,723	153,466	106,605	102,943	91,258	581,995
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_		407.700	450.477	407.405	100.040	04.050	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	127,723	153,466	106,605	102,943	91,258	581,995
1 a	received from disqualified persons .						
L	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						581,995
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	127,723	153,466	106,605	102,943	91,258	581,995
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
		625	425	484	575	546	2,655
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975		0	0	0	0	0
С	Add lines 10a and 10b	625	0 425	0 484	<u> </u>	0 546	0 2,655
11	Net income from unrelated business	023	423	404	373	540	2,055
••	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	-				-	
	loss from the sale of capital assets						
	(Explain in Part VI.)	765	1,622	4,773	792	4,895	12,847
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	129,113	155,513	111,862	104,310	96,699	597,497
14	First five years. If the Form 990 is for the	•					` '; '
	organization, check this box and stop he						▶ 📗
	on C. Computation of Public Suppor			0 1 (0)		145	
15	Public support percentage for 2017 (line 8	, , , ,		, , , , , ,		15	97.41 %
16 Secti	Public support percentage from 2016 Schon D. Computation of Investment In					16	98.14 %
17	Investment income percentage for 2017 (v line 13 colur	nn (f))	17	0.44 %
18	Investment income percentage for 2017 (=	* * * *	18	0.44 %
19a	33 ¹ / ₃ % support tests—2017. If the organ						
····	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2016. If the organiz	_	_	-		=	_
	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a	box on line 14	. 19a. or 19b. c	heck this box	and see instru	ctions ► \Box

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

All Supporting Organizations

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
_	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			I
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the approximation approach fourth a homeful of any approximation at how there the approached	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
Occur	on or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
•	Activities Test Anguar (a) and (b) below		Vaa	No
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	a		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporti	ng organization (see

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	T					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013						
c	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
<u>i</u> _	Carryover from 2012 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2013						
b	Excess from 2014						
c	Excess from 2015						
d	Excess from 2016						
е	Excess from 2017						

Part VI

B, lines 1 and 3a, and 3b; Pa	rt IV, Section A, lines 1, 2, 2; Part IV, Section C, line art V, line 1; Part V, Sectio I 6. Also complete this par	1; Part IV, Section D, on B, line 1e; Part V, Se	lines 2 and 3; Part IV, Section D, lines 5, 6, and 8	ction E, lines 1c, 2a, 2b, ; and Part V, Section E,
Schedule A, Part III, Line 12 -	lucida sales accrual (2895) an	nd bursary contribution (20	000)	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

name of the organization		Employer identification number
TEX USERS GROUP		22-2868942
	I	+ · -

Schedule O, Statement 1 TEX USERS GROUP

Form: **Form 990-EZ (2017)** EIN: **22-2868942**

Page: 1 Part I, Line 8

Other Revenue Structured Explanation

Description	Amount
advertising income	315
services income	761
Total:	1,076

Schedule O, Statement 2 TEX USERS GROUP

Form: Form 990-EZ (2017) EIN: 22-2868942

Page: 1 Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
lucida sales accrual	2,895
bursary fund donation	2,000
office expense	7,735
Total:	12,630

Schedule O, Statement 3 TEX USERS GROUP

Form: **Form 990-EZ (2017)** EIN: **22-2868942**

Page: 2 Part I, Line 20
Other Changes In Net Assets Structured Explanation

Description	Amount
prior year adjustment	3,357

Total: 3,357

Schedule O, Statement 4	TEX USERS GROUP
Form: Form 990-EZ (2017)	EIN: 22-2868942

Page: 2 Part II, Line 24

Other Assets Structured Explanation			
Description	EOY Amount		
Accounts Receivable	275		
Total:	275		

Schedule O, Statement 5 TEX USERS GROUP

Form: **Form 990-EZ (2017)** EIN: **22-2868942**

Page: 2 Part II, Line 26

Other Liabilities Structured Explanation

Description	EOY Amount
Committed funds	42,972
TUG conference	596
Administrative services	2,698
Prepaid member income	6,070
Payroll liabilities	1,080
Total:	53,416

Schedule O, Statement 6 TEX USERS GROUP

Form: Form 990-EZ (2017) EIN: 22-2868942

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

To provide an organization for those who have an interest in systems for typesetting technical text and font design; to exchange information of same and associated use of computers and computer peripheral equipment; to establish standards and provide channels to facilitate the exchange of macro packages, etc., through publications and otherwise; and to develop, implement and sponsor educational programs, seminars, and conferences in connections with the foregoing and for any lawful purpose or purposes permitted under the Rhode Island non-profit corporation act.

Schedule O, Statement 7 TEX USERS GROUP

Form: Form 990-EZ (2017)

Page: 2

Officers, Directors, Trustees and Key Employees Compensation

Part IV

EIN: **22-2868942**

		Hours	Compensation	Benefits	Expense
Name	Ross Moore	1	0	0	0
Title	Director				
Name	Cheryl Ponchin	1	0	0	0
Title	Director				
Name	Norbert Preining	1	0	0	0
Title	Director				
Name	Will Robertson	1	0	0	0
Title	Director				
Name	Herbert Voss	1	0	0	0
Title	Director				