# **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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	2019 calenda	ar year, or tax year beginning 01/01 , 2019, and ending	12/31	, 20 19
<b>B</b> 0	heck if ap	oplicable:	C Name of organization	Employer ic	dentification number
	Address c	hange	2	22-2868942	
	Name cha	•	Telephone r	number	
=	nitial retur	rn n/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	<b>&gt;</b>
G /	ccount	ting Method:	☐ Cash 🗸 Accrual Other (specify) ► 📕 Che	eck 🕨 🔽	if the organization is <b>not</b>
I V	/ebsite	:• www	V.TUG.ORG req	uired to at	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 (Fo	rm 990, 99	0-EZ, or 990-PF).
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass		
(Par	t II, col	umn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ 9	136,541
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructions	s for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I .	<u> </u>	🗹
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1	13,995
	2	Program se	ervice revenue including government fees and contracts	. 2	44,148
	3	Membersh	ip dues and assessments	. 3	76,125
	4	Investment	:income	. 4	1,934
	5a	Gross amo	unt from sale of assets other than inventory 5a	0	
en	b	Less: cost	or other basis and sales expenses	0	
	С 6	Gain or (los Gaming an	. 5c	0	
	а		ome from gaming (attach Schedule G if greater than	0	
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions	<b>–</b>	
ě			aising events reported on line 1) (attach Schedule G if the		
_			th gross income and contributions exceeds \$15,000)   6b	0	
	С	Less: direc	t expenses from gaming and fundraising events 6c	0	
	d	Net incom	ıct		
		line 6c) .		. 6d	0
	7a	Gross sale	s of inventory, less returns and allowances	0	
	b		of goods sold	0	
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7с	0
	8	Other reven	nue (describe in Schedule O) . See Schedule O, Statement 1	. 8	339
	9	<b>Total reve</b>	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	136,541
	10	Grants and	I similar amounts paid (list in Schedule O)	. 10	12,322
	11	Benefits pa	aid to or for members	. 11	0
es	12	Salaries, of	ther compensation, and employee benefits	. 12	63,091
Ü	13	Profession	al fees and other payments to independent contractors	. 13	0
Expenses	14	Occupancy	y, rent, utilities, and maintenance	. 14	4,800
ш	15		ublications, postage, and shipping		21,585
	16		enses (describe in Schedule O) .See Schedule O, Statement 2		43,278
	17		enses. Add lines 10 through 16		145,076
Ŋ	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	. 18	-8,535
sei	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w		
As			r figure reported on prior year's return)		121,132
Net Assets	20		iges in net assets or fund balances (explain in Schedule O)		0
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	112,597

Form 990-EZ (2019) Page **2** 

Pai	tt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this			🗹
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	176,530	22	171,560
23	Land and buildings				23	
24	Other assets (describe in Schedule O) See Sche		<del>-</del>	470	-	281
25	Total assets			177,000	_	171,841
26	Total liabilities (describe in Schedule O) See Sc			55,868		59,244
27	Net assets or fund balances (line 27 of column			121,132	_	
Par	,	<u> </u>			21	112,597
гаг	Check if the organization used Schedule	•		•		Expenses
	<u> </u>	•	· ·	Part III	(Re	guired for section
vvna	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 5		,	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplist seasured by expenses. In a clear and concise means benefited, and other relevant information for ea	anner, describe the			_	anizations; optional for ers.)
28	Publish and print the journal TUGboat 3 times per ye	ar, and develop/man	ufacture the TeX Co	lection		
	software on DVD annually. Ship the journal and softw					
	freely available to TUG members, as well as to the pu					
		includes foreign gra		• 🗖	288	23,266
29	TUG annual conference, including attendee and spea					20/200
	MacTeX Fund and CTAN Fund conference grants.					
	macrex rund and CTAN rund conference grants.					
	(Cronto \$ 5.200) If this amount	includes foreign gra	nto chook hara	• 🗸	298	41 500
00	(Grants \$ 5,309) If this amount				298	41,589
30	Administer MacTeX Fund (provide equipment for Tex			/ Fund		
	(reimburse meeting fees) and TDF Fund developmen	t grants. Subsidized	memberships.			
				<u></u> -		
	(Grants \$ 7,012) If this amount				30a	7,012
31	Other program services (describe in Schedule O)					
		includes foreign gra			318	a 0
32	Total program service expenses (add lines 28a t	hrough 31a)			32	71,867
-					32	11,001
Par						100.
	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	pensated-see the i		100.
		Employees (list each O to respond to ar	one even if not com	pensated-see the i		/ 0 0 .
	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not com ny question in this	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and	nstru ree (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Comployees (list each of to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the i Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru ree (e)	ctions for Part IV)
Pari	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	Comployees (list each of to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this  (c) Reportable compensation  (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the i Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru ree (e)	ctions for Part IV)
Boris Pres	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	Comployees (list each of to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this  (c) Reportable compensation  (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the i Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru ree (e)	ctions for Part IV)
Boris Pres Artho	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 0.00	n one even if not coming question in this  (c) Reportable compensation  (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the i Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru ree (e)	ctions for Part IV)
Boris Pres Artho	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru ree (e)	ctions for Part IV)  Statement of the compensation of the compensa
Boris Pres Arthu Vice Sue	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 0.00	n one even if not coming question in this  (c) Reportable compensation  (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru ree (e)	ctions for Part IV)
Boris Pres Arthu Vice Sue Secr	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary	Employees (list each O to respond to an (b) Average hours per week devoted to position 0.00 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru	ctions for Part IV)  Destinated amount of other compensation  0
Boris Pres Artho Vice Sue Secr Karl	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru ree (e)	ctions for Part IV)  Statement of the compensation of the compensa
Boris Pres Arthi Vice Sue Secr Karl	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 0.00 0.00 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru  n o o o o o o o o o o o o o o o o o o	ctions for Part IV)  Destinated amount of other compensation  0  0
Boris Pres Arthu Vice Sue Secr Karl Treas Barb	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton	Employees (list each O to respond to an (b) Average hours per week devoted to position 0.00 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru	ctions for Part IV)  Destinated amount of other compensation  0
Boris Pres Arthe Vice Sue Secr Karl Trea Barb	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton	Employees (list each O to respond to an (b) Average hours per week devoted to position 0.00 0.00 0.00 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru  (e)	ctions for Part IV)  Destinated amount of other compensation  0  0  0
Boris Pres Arthe Vice Sue Secr Karl Trea Barb	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 0.00 0.00 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru  n o o o o o o o o o o o o o o o o o o	ctions for Part IV)  Destinated amount of other compensation  0  0
Boris Pres Arthe Vice Sue Secr Karl Trea Barb	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor innes Braams	Employees (list each O to respond to an (b) Average hours per week devoted to position 0.00 0.00 0.00 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru  (e)	ctions for Part IV)  Destinated amount of other compensation  0  0  0
Boris Pres Arth Vice Secr Karl Trea Barb Direc	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor innes Braams	Employees (list each O to respond to an (b) Average hours per week devoted to position 0.00 0.00 0.00 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstru  (e)	ctions for Part IV)  Destinated amount of other compensation  0  0  0
Boris Pres Arth Vice Secr Karl Trea Barb Direc	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor unnes Braams ctor Christiansen	Employees (list each O to respond to an (b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nnstru	ctions for Part IV)  Destinated amount of other compensation  0  0  0  0
Boris Pres Arth Vice Sue Secr Karl Trea Barb Direc Kaja Direc	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor unnes Braams ctor Christiansen	Employees (list each O to respond to an (b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nnstru	ctions for Part IV)  Destinated amount of other compensation  0  0  0  0
Boris Pres Arth Vice Sue Secr Karl Trea Barb Direc Kaja Direc	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  S Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor unnes Braams ctor Christiansen ctor ael Doob	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Ctions for Part IV)  Stimated amount of other compensation  0  0  0  0  0
Boris Pres Artho Vice Secr Karl Trea Barb Direc Kaja Direc Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  S Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor unnes Braams ctor Christiansen ctor ael Doob	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Ctions for Part IV)  Stimated amount of other compensation  0  0  0  0  0
Boris Pres Arth Vice Secr Karl Trea Barb Direc Kaja Direc Mich Direc Taco	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  (a) Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor Innes Braams ctor Christiansen ctor ael Doob ctor Hoekwater	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Destinated amount of other compensation  0  0  0  0  0  0  0
Boris Pres Arthy Vice Secr Karl Trea Barb Direc Kaja Direc Mich Direc Taco	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  (a) Name and title  S Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor Innes Braams ctor Christiansen ctor ael Doob ctor Hoekwater	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nnstru	ctions for Part IV)  Stimated amount of other compensation  0  0  0  0  0  0  0  0  0
Boris Pres Arth Vice Secr Karl Trea Barb Direc Kaja Direc Mich Direc Kaja Control Control	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor unnes Braams ctor Christiansen ctor ael Doob ctor Hoekwater ctor s Hoeppner	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Ctions for Part IV)  Destinated amount of other compensation  O  O  O  O  O  O  O  O  O  O  O  O  O
Borise Press Arth Vice Sue Secr Karl Trea Barb Direc Kaja Direc Mich Direc Klau Direc Klau	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor unnes Braams ctor Christiansen ctor ael Doob ctor Hoekwater ctor S Hoeppner	Employees (list each O to respond to an (b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	n one even if not comny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ) benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Destinated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Boris Press Arthovice Sue Secr Karl Trea Barb Direc Kaja Direc Mich Direc Klau Direc No Direc Klau Direc Klau Direc Klau Direc Klau Direc Klau Direc No Dire No Direc No Dire No Dire No Dire Direc No Dire Direc No Dire No Dire No Dire No Dire No Dire Dire Dire No Dire No Dire Dire Dire No Dire Dire Dire Dire Dire No Dire Dire Dire Dire Dire Dire Dire Dire	Check if the organization used Schedule  (a) Name and title  (a) Name and title  S Veytsman  ident  ur Reutenauer  President  DeMeritt  etary  Berry  surer  ara Beeton  ctor  nnes Braams  ctor  Christiansen  ctor  Hoekwater  ctor  s Hoeppner  ctor  k Mittelbach	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ) benefit plans, and deferred compensatio	nnstru	ctions for Part IV)  Stimated amount of other compensation  0  0  0  0  0  0  0  0  0
Boris Pres Artho Vice Secr Karl Trea Barb Direc Kaja Direc Mich Direc Klau Direc Klau Direc Klau Direc Klau Direc C Klau Direc C Direc Direc C Direc Dire Direc Direc Direc Direc Direc Direc Direc Direc Direc Direc Di	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  s Veytsman ident ur Reutenauer President DeMeritt etary Berry surer ara Beeton ctor unnes Braams ctor Christiansen ctor ael Doob ctor Hoekwater ctor s Hoeppner ctor k Mittelbach ctor	Employees (list each O to respond to an (b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	n one even if not comny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ) benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Destinated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
Boris Pres Artho Vice Secr Karl Trea Barb Direc Kaja Direc Mich Direc Klau Direc Klau Direc Klau Direc Klau Direc C Klau Direc C Direc Direc C Direc Dire Direc Direc Direc Direc Direc Direc Direc Direc Direc Direc Di	Check if the organization used Schedule  (a) Name and title  (a) Name and title  S Veytsman  ident  ur Reutenauer  President  DeMeritt  etary  Berry  surer  ara Beeton  ctor  nnes Braams  ctor  Christiansen  ctor  Hoekwater  ctor  s Hoeppner  ctor  k Mittelbach	Employees (list each O to respond to an (b) Average hours per week devoted to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	n one even if not comny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the i Part IV  (d) Health benefits, contributions to employ) benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Destinated amount of other compensation  0  0  0  0  0  0  0  0  0  0  0  0  0

Form 990-EZ (2019)

Part '				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the appropriation appears in any circuit and activity and available years and to the IDCO If "Vee " available		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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 change on Schedule O. See instructions	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
b	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		<u> </u>
	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 $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$	36		~
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
	Did the organization file Form 1120-POL for this year?	37b		~
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 $\blacktriangleright$ 0; section 4912 $\blacktriangleright$ 0; section 4955 $\blacktriangleright$ 0			
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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		Ť
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶ OR			
42a	· · · · · · · · · · · · · · · · · · ·		3-999	
h	Located at ► PO Box 2311, Portland, OR 97208-2311 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	97208		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No 🗸
	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).			
С	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	42c		<b>'</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year $\blacktriangleright$ 43		. 1	▶ □
4.6	Dillin		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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			
	Form 990-EZ. See instructions	45b		1

Page 3

Form 990	I-EZ (20	119)								Page -
									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c								
Part V		Section 501(c)(3) Organizations		, raiti		• •		. 40	<b>)</b>	<b>/</b>
. a.e v		All section 501(c)(3) organizations		stions 47–49b ar	nd 52, and	d com	plete th	e tables	for lin	nes
		50 and 51.			,					
		Check if the organization used Sch	nedule O to respond	to any question i	n this Parl	: VI				
									Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect du 	ring the	tax . 4	7	1
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	e E		. 48	3	~
		ne organization make any transfers to	•	•					а	<b>'</b>
		s," was the related organization a se								1
		plete this table for the organization's								
	empio	byees) who each received more than				ealth be		e, enter	None	•
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	tions to	employee d deferred	(e) Estima	ated amo	
			devoted to position	(1 011115 VV-2/ 1099-10110	cc cc	mpensa	ition			
None										
		number of other employees paid over								
		plete this table for the organization's 000 of compensation from the orga			ent contrac	ctors v	vho each	n receive	d mor	e thar
•	φ100,	ood or compensation from the organ	mization. Il there is no	The, enter None.						
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service		(c)	) Compens	ation	
None										
				-						
				-						
				1						
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶					
52	Did t	he organization complete Schedu	le A? Note: All se	ection 501(c)(3) or	ganization	s mu	st attach	n a		
(	comp	leted Schedule A						. <b>▶ ☑</b> Y	es 🗌	No
		of perjury, I declare that I have examined this re						nowledge a	nd belie	f, it is
uu <del>e</del> , com	eci, an	d complete. Declaration of preparer (other than	onicer) is based on all INTO	mation of which prepar	er nas any Kr	owieag	c.			
Sign		Signature of officer				Date				
Here		Robin Laakso, Executive Director								
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prepa	rer						self-emplo			
Use C		Firm's name ▶				Firm's	EIN ▶			
		Firm's address ▶				Phone	no.			
May the	e IRS	discuss this return with the preparer	shown above? See i	nstructions				► □ Y	es 🗀	No

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number **TEX USERS GROUP** 22-2868942

Par	rt I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The c	organization is not a private foundate		,		•	,	
1	A church, convention of church						
2	A school described in <b>section</b>						
3 4	<ul><li>☐ A hospital or a cooperative hos</li><li>☐ A medical research organizatio</li><li>hospital's name, city, and state</li></ul>	n operated in co					(iii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned c	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally of described in section 170(b)(1)(	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organizer or university or a non-land-granuniversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt fur income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 33 <sup>1</sup> /3% of its
11	☐ An organization organized and				-	•	
12	$\square$ An organization organized and	•	•			· ·	
	of one or more publicly suppo Check the box in lines 12a throu						
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting organ control or management of t organization(s). You must o	he supporting o	rganization vested in	the same			
С	<ul> <li>Type III functionally integreits supported organization(s</li> </ul>						ally integrated with,
d	Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement ar	
е	Check this box if the organi functionally integrated, or T						e II, Type III
f	Enter the number of supported o						
g	Provide the following information		orted organization(s).			1	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part							
	(Complete only if you checked the						alify under
<del></del>	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	( ) 0045	# > 0040	( ) 0047	( 1) 00 ( 0	( ) 0040	(n =
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by 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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
	on B. Total Support				( 0 00 10		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7 8	Amounts from line 4						
9	similar sources						
J	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.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	`	,			12	
13	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
0 1:	organization, check this box and <b>stop he</b>		<u>.</u>	· · · · ·			▶ 📙
	on C. Computation of Public Suppor			1 ookumn (f))		14	0/
14 15	Public support percentage for 2019 (line 6) Public support percentage from 2018 Sci					15	<u>%</u>
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2019. If the organi						
	box and <b>stop here.</b> The organization qua						
b	$33^{1}$ /3% support test-2018. If the organithis box and stop here. The organization				•		•
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and <b>stop here</b> .	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	e "facts-and-c ts-and-circums	circumstances stances" test.	" test, check The organizati	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

## 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.)

04	In the organization rails to quality	under the tes	is listed beig	w, please co	inpiete Fart i	1.)	
	on A. Public Support			( ) aa ( = 1	( 0 00 (0		
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise	106,605	102,943	91,258	90,994	90,120	481,920
2	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						
6	Total. Add lines 1 through 5	106,605	102,943	91,258	90,994	90,120	481,920
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	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.)						481,920
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	106,605	102,943	91,258	90,994	90,120	481,920
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	484	575	546	870	1,934	4,409
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0			0
С	Add lines 10a and 10b	484	575	546	870	1,934	4,409
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0			0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	4,773	792	4,895	270	345	11,075
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	111,862	104,310	96,699	92,134	92,399	497,404
14	First five years. If the Form 990 is for th	-			=		
	organization, check this box and stop her						▶ □
	on C. Computation of Public Suppor					1 1	
15	Public support percentage for 2019 (line 8		=			15	96.89 %
16	Public support percentage from 2018 Sch			<u> </u>		16	97.28 %
	on D. Computation of Investment Inc					1 .= 1	
17	Investment income percentage for 2019 (I			-		17	0.89 %
18	Investment income percentage from 2018					18	0.52 %
19a	331/3% support tests—2019. If the organi						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box a	_	_	-		_	_
b	331/3% support tests—2018. If the organization 19 is not more than 221 of check this k						
00	line 18 is not more than 331/3%, check this beautiful than 331/3%, check t		=	=	-		_
20	Envale infiniation if the Organization did	THOICHECK & F	ICIX CICI IICIA I/I	I Ma Or I UD O	THER THIS DOV!	ALICE SEE INSTRUC	mons 🗩 🗀

## 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.)

## Section A. All Supporting Organizations

Cu	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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	4		
_		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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
Ju	(b) and (c) below.	3a		
<b>L</b>		Ja		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
_		JU		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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 <b>Part VI</b> 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 <b>Part VI</b> 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		
5а	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 <b>Part VI</b> , 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 authority such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> 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 <b>Part VI</b> .	6		
7		U		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 <b>Part VI</b> .	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 <b>Part VI.</b>	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 <b>Part VI.</b>	9c		
100		50		
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	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations		\ <u>'</u>	
			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 <b>Part VI</b> 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 organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II 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 or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
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 <b>Part VI identify those supported organizations and explain</b> 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	_u		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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>			
а	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	Ja		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
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>b</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-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	. 490 1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
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 (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI

B, lir 3a, a	ne 12; Part IV, Section A, lines 1, nes 1 and 2; Part IV, Section C, li and 3b; Part V, line 1; Part V, Sec 2, 5, and 6. Also complete this p	ne 1; Part IV, Section Dation B, line 1e; Part V, S	), lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; a	on E, lines 1c, 2a, 2b, and Part V, Section E,
Schedule A, Part I	II, Line 12 - Advertising income.			

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)

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

TEX USERS GROUP	22-2868942
Form 990-EZ, Part I, Line 10 - TUG2019 conference bursary awards. 1 - \$2063, 2 - \$1200, 3 - \$1000, 4 - \$570	). TUG2019 CTAN fund award
\$475. TeX Development Fund (TDF) awards. 1 - \$2000, 2 - \$1000, 3 - \$500. MacTeX fund award, equipment	
sponsorship (\$460). PDF accessibility fund sponsor accessibility meeting (\$652). Total (all) awards \$12,32	
sponsorship (\$400). PDF accessionity rund sponsor accessionity meeting (\$652). Total (all) awards \$12,52	

Schedule O, Statement 1 TEX USERS GROUP

Form: Form 990-EZ (2019) EIN: 22-2868942

Page: 1 Part I, Line 8

#### Other Revenue Structured Explanation

Description	Amount
Payment to LSI	-39
TUG store shipping	33
Advertising income	345
Total:	339

Schedule O, Statement 2 TEX USERS GROUP

Form: Form 990-EZ (2019)

EIN: **22-2868942** 

Part I, Line 16

Page: 1

#### Other Expenses Structured Explanation

Description	Amount
Software production and mailing	2,194
Lucida sales accrual and payment	1,965
Contributions made by TUG bursary	1,000
Committed funds contribution TUG2019 bursary	-4,834
Corporation fees	92
Credit card and bank charges	4,554
Server and internet	586
Liability and workers comp insurance	2,139
Office and computer supplies	1,221
Telephone	158
Finance charge	24
Prior year adjustment	78
Committed funds CTAN contributions	-475
Committed funds TDF grant contributions	-3,500
Committed funds MacTeX fund contributions	-2,860
Committed funds PDF Accessibility contributions	-652
TUG2019 expense	41,588
Total:	43,278

Page: 2	Part II, Line 24
Other Assets Structured Explanation	red Explanation
Description	EOY Amount
Accounts receivable	281

**TEX USERS GROUP** 

EIN: **22-2868942** 

281

Schedule O, Statement 3

Form: Form 990-EZ (2019)

Total:

Schedule O, Statement 4 TEX USERS GROUP

Form: **Form 990-EZ (2019)** EIN: **22-2868942** 

Page: 2 Part II, Line 26

Other Liabilities Structured Explanation

Description	EOY Amount
Committed funds	47,270
Adminstrative services	1,498
Prepaid member income	9,175
Payroll liabilities	1,301
Total:	59,244

Schedule O, Statement 5 TEX USERS GROUP

Form: Form 990-EZ (2019) 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 connection with the foregoing and for any lawful purpose or purposes permitted under the Rhode Island non-profit corporation act.

Schedule O, Statement 6 TEX USERS GROUP

Form: Form 990-EZ (2019)

Page: 2

Officers, Directors, Trustees and Key Employees Compensation

Part IV

EIN: **22-2868942** 

		Hours	Compensation	Benefits	Expense
Name	Ross Moore	0.00	0	0	0
Title	Director				
Name	Cheryl Ponchin	0.00	0	0	0
Title	Director				
Name	Norbert Preining	0.00	0	0	0
Title	Director				
Name	Will Robertson	0.00	0	0	0
Title	Director				
Name	Herbert Voss	0.00	0	0	0
Title	Director				