Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Depa	artment nal Rev	of the Treasury venue Service	► The o	rganization may have to use a	copy of this return to sa	atisfy	state i	reporting re	equir	ements.	Inspecti	on
A	For t	he 2006 calend	dar year, d	or tax year beginning	, 2006,	and e	ending				, .	
		if applicable:		• Harrie of organization					mployer ide	ntification Number		
		ddress change	Please use IRS label	Please use IRS label TeX Users Group 22				22-286	8942			
		ame change	or print or type.	Number and street (or P.O. box if m	nail is not delivered to street ad	dr) F	Room/sui	te	Ет	elephone nu	ımber	
	=	iitial return	or type. See specific	1466 NW Naito Parkw	av		3141			(503)	223-9994	
	-	nai return	instruc- tions.	City, town or country		e ZIP	code +	4	F /	ccounting	Cash X	Accrual
	H	mended return		Portland	OR	97	7209				pecify)►	J
	\vdash	pplication pending	• Section					are not applic	able t		organizations.	
		pphoation portaing	charit	on 501(c)(3) organizations and able trusts must attach a com	pleted Schedule A		H (a)	Is this a group	p retu	n for affiliate	es? Yes	X No
			•	990 or 990-EZ).	war en		H (b)	If 'Yes,' enter	numt	er of affiliate	es ►	
G	Web	site: ► www.	tug.or	g			H (c)	Are all affiliat				No
J	Orga	nization type		Farmed .				(If 'No,' attacl			•	
	(ched	ck only one) .				527	H (d)	Is this a sepa		_		
K				ization is not a 509(a)(3) suppo				organization o				No
	gross	s receipts are i	normally r es to file :	not more than \$25,000. A return a return, be sure to file a comp	n is not required, but if t lete return	the	1	Group Exe	-			
							M				ation is <mark>not</mark> require 0, 990-EZ, or 990-P	
				8b, 9b, and 10b to line 12 1		1-1						1).
Pa	rt I			ises, and Changes in Ne		salar	ices	(See the	INS	tructions	S.)	
	1			ints, and similar amounts recei		1 -	1					
				advised funds	The same of the sa	1 a			0.1.1			
				ot included on line, 1a)			+	11,	8 T	<u>/ - </u>		
				(not included on line 1a)								
	d			ns (grants) (not included on lin								
	e	la through 1d) (c	ash \$	11,817. noncash :	\$ 2.000)				1e		<u>,817.</u>
	2			ue including government fees a								<u>,039.</u>
	3	•		assessments								,669.
	4	Interest on sa	avings and	I temporary cash investments .						4	4	,589.
	5	Dividends and	d interest	from securities	· · · · · · · · · · · · · · · · · · ·		1			5		
	6a	Gross rents .			& # 177	6 a	+					
	b	Less: rental e	expenses			6 b						
	С			oss). Subtract line 6b from line						6c		
Ŗ	7	Other investm	nent incon	ne (describe ► <u>Roya</u>		1		4m> 011) 7		663.
REVENUE	8a	Gross amoun	t from sal	es of assets other	(A) Securities			(B) Other	r			
N		-	,		12.50	8 a						
Ē				is and sales expenses		81	-					
				e)		80	:			_		
	d			bine line 8c, columns (A) and						8d		
	9	•		vities (attach schedule). If any	NAC ARE TEST OF THE STATE OF TH	j , cne	ck ner	e	_			
	а	Gross revenu		luaing >	of contributions	9 a						
	h			other than fundraising expenses						-		
				om special events. Subtract line		<u></u>				9c		
				y, less returns and allowances								
	h	less cost of	annds sol	d	ing the second of the second o	10 b	-		·····			
		Gross profit or (le	nss) from sa	les of inventory (attach schedule). Subt	ract line 10b from line 10a					10c		
	11			art VII, line 103)							-1	,415.
	12			es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,								,362.
	13	Program serv	rices (from	line 44 column (B))	8 8 5 F V V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					13		,138.
E	14	Management	and dene	ral (from line 44_column (C))	art 15					14		,327.
EXPENSES	15										50.	
N	16	Payments to	affiliates (attach schedule)						16		
Ē	17 Total expenses. Add lines 16 and 44. column (A)									132	,515.	
	18	Excess or (de	eficit) for t	he year. Subtract line 17 from	ine 12					18		,848.
N S				inces at beginning of year (fron								,972.
N S E T T	20			ssets or fund balances (attach						<u> </u>	401	,
' T S	21	-		inces at end of year. Combine	and the same of th						120	,820.
		1101 033613 01	runu bala	moss at one of your combine	JU IUI IUI MIJU.AU						120	, <u> </u>

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Form 990 (2006) TeX Users Group 22-2868942

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total		Program ervices	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised						11.0
	funds (attach sch)						
	(cash \$ 1,000.						
	If this amount includes						
	foreign grants, check here >	22 a	1,000.		1,000.		
22 b	Other grants and allocations (att sch)		in the second				
	(cash \$						
	non-cash \$)						100
	If this amount includes foreign grants, check here ▶ ☐	22 b					
23	Specific assistance to individuals (attach schedule)	23					
24	Benefits paid to or for members						
24	(attach schedule)	24	2,390.		2,390.		
25 a	Compensation of current officers,						
	directors, key employees, etc listed in	25 a	0.				
	Part V-A (attach sch)	23a	0.				
D	Compensation of former officers, directors, key employees, etc listed in		ARAY E PALES	bay.			
	Part V-B (attach sch)	25 b	1 * 198 at	45).			
С	Compensation and other distributions, not included above, to disqualified persons (as		and the second second second				
	defined under section 4958(f)(1)) and persons						
	described in section 4958(c)(3)(B) (attach schedule)	25 c					
26	Salaries and wages of employees not		·			, , , , ,	
20	included on lines 25a, b, and c	26	48,960.		48,960.		
27	Pension plan contributions not		SAMPLE OF SHEET PROPERTY OF THE PERSON OF TH				
	included on lines 25a, b, and c	27		<u> </u>			
28	Employee benefits not included on						
	Employee benefits not included on lines 25a - 27	28	5,581.			5,581.	
	Payroll taxes	29	4,082.		4,082.		
	Professional fundraising fees	30	100			100	
31	Accounting fees	31	135.	1941 10 10 10 10 10 10	TO CASE	135.	
32	Legal fees	32	1 577		1 227	300.	50.
33	Supplies	33 34	1,577. 913.	marija in	1,227. 913.	300.	30.
34 35	Postage and shipping	35	2,792.	<u> </u>	2,742.	50.	
	Occupancy	36	3,936.		2,112.	3,936.	
	Equipment rental and maintenance	37					
	Printing and publications	38	29,058.		29,058.		
	Travel	39	and it de Nobel and a second				
40	Conferences, conventions, and meetings	40	9,340.		9,340.		
41	Interest	41					
42	Depreciation, depletion, etc (attach schedule)	42	1,667.		1,667.		
43	Other expenses not covered above (itemize):				6 000		
	Product Sales: Lucida Fonts: Payment to Bige	43 a	6,293.		6,293.		
	Office Overhead: Corporation fees	43 b	30.	Pariner -	30.	120	
	Office Overhead: Gifts	43 c	129. 500.	1		129. 500.	
	Office Overhead:Insurance:Liability Insura	43 d	452.			452.	
	Office Overhead:Insurance:Workers Compensa	43 e 43 f	50.			50.	
	Office Overhead: License and Permits See Other Expenses Stmt	43 q	13,630.		13,436.	194.	
_		-1 39	10,000.		10,100.	174.	
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	-		* W 1000	404		
		44			-121,138.	11,327.	50.
	Costs. Check . If you are following					N D	►□ v- □
	re any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ Yes No 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services						
			costs \$ I to Management and g			mount allocated to Prog ; and (iv) th	
\$_ to Fu	ndraising \$.	JULICE		a	т	, and (10) (1	o amount anotated
DAA	т ,		TEFA0102 (Form 990 (2006)

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

			exempt purpose? • See attached exempt purpose achievements in a clear and concise manner. State the number of	(Required for 501(c)(3) and (4) organizations and				
lien zatic	ts served, publications iss ons and 4947(a)(1) nonex	sued, e empt c	exempt purpose achievements in a clear and concise manner. State the number of tc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organharitable trusts must also enter the amount of grants and allocations to others.)	4947(a)(1) trusts; but optional for others.)				
а			ation and support to users to TeX,					
			computer typesetting language. This is					
done by publications, sales, conferences and courses.								
	(Grants and allocations	. _	1,000.) If this amount includes foreign grants, check here	121,138.				
b			27 coor y it disc difficulty to longify granto, chock hold	121/100				
	(Grants and allocations	\$) If this amount includes foreign grants, check here ►					
С								
			r Kogemplishme vi					
			Activities to the control of the con					
			companies of appropriate foreign to the market of agency of					
	(Grants and allocations) If this amount includes foreign grants, check here					
d	(drants and anocations	<u> </u>	The state of the s	W				
-								
	(Grants and allocations	\$.) If this amount includes foreign grants, check here ►					
е	1 3		York property to					
_	(Grants and allocations	\$) If this amount includes foreign grants, check here ►	4.04				
f	Total of Program Service	Expe	nses (should equal line 44, column (B), Program services)	121,138.				

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Form 990 (2006)

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Section 18

Pa	art IV	Balance Sheets (See the instructions.)			
No	t e: V	Where required, attached schedules and amounts within the description olumn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash – non-interest-bearing		45	
	46	Savings and temporary cash investments	115,994.	46	133,790.
	1	Accounts receivable	655.	47 c	395.
	b	Pledges receivable	n	48 c	
	49	Grants receivable		49	***************************************
		Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
Ą	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
A S E T		Other notes and loans receivable (attach schedule)		F1 a	
S				51 c	
	52	Inventories for sale or use	728.	 	
	53	Prepaid expenses and deferred charges Investments — publicly-traded securities	120.	54a	
		Investments – publicly-traded securities		54 b	
	1	Investments – land, buildings, & equipment: basis 55a		340	
	b	Less: accumulated depreciation (attach schedule)		55 c	
	56	Investments — other (attach schedule)		56	
	572	Land, buildings, and equipment: basis		100	No. of Control of Cont
		Less: accumulated depreciation (attach schedule)	5,591.	57 c	5,224.
	58	Other assets, including program-related investments			
		(describe ►)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	122,968.	59	139,409.
	60	Accounts payable and accrued expenses	7,000.	60	6,500.
	61	Grants payable	3,541.	61	4,702.
Ļ	62	Deferred revenue	2,954.	62	1,710.
A B	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
Į	64 a	Tax-exempt bond liabilities (attach schedule)		64 a	
-		Mortgages and other notes payable (attach schedule)		64 b	
Ē S	65	Other liabilities (describe ► See Line 65 Stmt)	4,501.	65	5,677.
	66	Total liabilities. Add lines 60 through 65	17,996.	66	18,589.
N E	Orga	anizations that follow SFAS 117, check here ►			
	67	Unrestricted	104,972.	67	120,820.
ANNIHA	68	Temporarily restricted		68	
Ī	69	Permanently restricted		69	
O R	Orga	anizations that do not follow SFAS 117, check here ► and complete lines			
		70 through 74.			
POZO	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ä	72	Retained earnings, endowment, accumulated income, or other funds		72	
BALAZCEN	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	104,972.	73	120,820.
3	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	122,968.	74	139,409.

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P	art IV-A Reconciliation of Rever	ue per Audited Financia	l Statemen	ts with F	Revenue per Returi	n (See the
	eu den en en		······································			N/A
а	Total revenue, gains, and other suppo	rt per audited financial stateme	nts		a	•
b	Amounts included on line a but not on	Part I, line 12:	the .			
	1 Net unrealized gains on investments .					
	2Donated services and use of facilities					
	3Recoveries of prior year grants					
	4 Other (specify):					
				b4		
	Add lines b1 through b4					
C	Subtract line b from line a					511-73-16
d	Amounts included on Part I, line 12, b 1 Investment expenses not included on			d1		
	2Other (specify):			d2		
	Add lines d1 and d2				d	
е	Total revenue (Part I, line 12). Add lin				 	
P	art IV-B Reconciliation of Exper	ses per Audited Financi	al Statemei	nts with	Expenses per Reti	urn
territoria.		Approximation of the property				N/A
а	Total expenses and losses per audited	I financial statements	· · · · · · · · · · · · · · · · · · ·			
b	Amounts included on line a but not on	Part I, line 17:	* an			
	1 Donated services and use of facilities					
	2Prior year adjustments reported on Pa					
	3 Losses reported on Part I, line 20					
	4Other (specify):					
				b4		
	Add lines b1 through b4	_				
C	Subtract line b from line a					
d	Amounts included on Part I, line 17, but 1 Investment expenses not included on I			d1		
	2Other (specify):			1		
				d2		
	Add lines d1 and d2				d	
е	Total expenses (Part I, line 17). Add I				 	
Pi	Current Officers, Direct or key employee at any time of	ors, Trustees, and Key E during the year even if they wer	mployees e not compen	(List each sated.) <i>(S</i>	person who was an offi ee the instructions.)	icer, director, trustee,
		(B) Title and average hours	(C) Compe	nsation	(D) Contributions to	(E) Expense
	(A) Name and address	per week dévoted to position	enter -	oaio, -0-)	employee benefit plans and deferred	account and other allowances
		32 ²	i edi.		compensation plans	
	arl Berry	- or market and				
	<u> 8609 Wickizer Lane</u>					
	andon, OR 97411	President C		0.	0.	0.
	nja Christiansen					
	hus_University			0	0	0
	chus, Denmark	Vice President (0.	0.	0.
	ne DeMeritt					
	320 Westerra Ct.	 Secretary		0.	0.	0.
	an Diego, CA 92121	Secretary 0	' <u>'</u>	0.	0.	0.
	avid Walden 2 Linden Road					
	Sandwich MA 02537	Treasurer		0.	0.	0.
	arbara Beeton	TT COUNT OF		· ·	0.	
	Box 6248					
	rovidence, RI 02940	Director (des attrates 11 major	0.	0.	0.
	e List of Officers, Etc. Statement	N# 5 W				
		alia (Affe)	Total Control			
			. i.			
ВА	A	TEEA0105	01/18/07			Form 990 (2006)

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No										
75a Enter the total number of officers, directors, and trustees pe	75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ►									
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)										
c Do any officers, directors, trustees, or key emp listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	sated professional and any other organizatior e definition of 'related o	other independent conns, whether tax exempt organization	tractors listed in Schedul or taxable, that are relate	e ed ,						
If 'Yes,' attach a statement that includes the in		, ,								
d Does the organization have a written conflict of										
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)										
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances						
	Sandagar of the second to the second transfer of the second transfer	200 F () E = () 1								
	det Mary and	4.1								
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	Jan 6 Mg									
Part VI Other Information (See the instr	uctions.)			Yes No						
76 Did the organization make a change in its active if 'Yes.' attach a detailed statement of each charge.	ities or methods of cor	nducting activities?		76 X						
77 Were any changes made in the organizing or go	•		:S?							
If 'Yes,' attach a conformed copy of the change	-									
78a Did the organization have unrelated business g	ross income of \$1,000	or more during the year								
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?	×		78b						
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ction during the		79 X						
80 a Is the organization related (other than by associate membership, governing bodies, trustees, officer	iation with a statewiders, etc, to any other ex	or nationwide organiza empt or nonexempt org	ation) through common ganization?	80 a X						
b If 'Yes,' enter the name of the organization		neck whether it is e	exempt or nonexem							
81 a Enter direct and indirect political expenditures.	(See line 81 instruction	ns.)	81 a	'P"						
b Did the organization file Form 1120-POL for this				81 Ы Х						
BAA				Form 990 (2006)						
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		el en n n								
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orm 990 (2006) TeX Users Group	2	2-2868942		Page 7
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or fac substantially less than fair rental value?	illities at no charge or	at 82:	1	Х
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)				
B3a Did the organization comply with the public inspection requirements for returns and exer				
b Did the organization comply with the disclosure requirements relating to quid pro quo co				
84a Did the organization solicit any contributions or gifts that were not tax deductible?			3	X
b If 'Yes,' did the organization include with every solicitation an express statement that su not tax deductible?				
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by mem				
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		200000000000000000000000000000000000000	N/2	A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unle waiver for proxy tax owed for the prior year.	ess the organization r	eceived a		
c Dues, assessments, and similar amounts from members		N/A		
d Section 162(e) lobbying and political expenditures		N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A 85	N/2	
		83	3 11/2	7
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its dues allocable to nondeductible lobbying and political expenditures for the following tax year?	reasonable estimate of		N/2	A
36 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A		
b Gross receipts, included on line 12, for public use of club facilities (2012) 1998 1998 1998 1998 1998 1998 1998 199	86 b	N/A		
37 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A		
38 a At any time during the year, did the organization own a 50% or greater interest in a taxe or an entity disregarded as separate from the organization under Regulations sections 3 If 'Yes,' complete Part IX	able corporation or pa 01.7701-2 and 301.7	artnership, 701-3? 88a	1	X
b At any time during the year, did the organization, directly or indirectly, own a controlled section 512(b)(13)? If 'Yes,' complete Part XI	entity within the mea	ning of ► 881		Х
39a <i>501(c)(3) organizations.</i> Enter: Amount of tax imposed on the organization during the ye				
section 4911 ►		0		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 during the year or did it become aware of an excess benefit transaction from a prior year	excess benefit transa ar? If 'Yes,' attach a s	action statement		
explaining each transaction)	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons dur year under sections 4912, 4955, and 4958		0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization				
e All organizations. At any time during the tax year, was the organization a party to a prol			+	X
f All organizations. Did the organization acquire a direct or indirect interest in any applica	ible insurance contrac	ct? 891		X
g For supporting organizations and sponsoring organizations maintaining donor advised for organization, or a fund maintained by a sponsoring organization, have excess business the year?	holdings at any time	during	,	
the year?				
b Number of employees employed in the pay period that includes March 12, 2006		1		1
(See instructions.)	ne number ► /5	<u>1901</u> 031 223–999	1 1	
Of a The books are in care of ► TeX Users Group Telephon Located at ► 1466 NW Naito Parkway, Portland, Oregon			320	
b At any time during the calendar year, did the organization have an interest in or a signa financial account in a foreign country (such as a bank account, securities account, or ot	ture or other authorit	y over a	Yes	No
7 E C 10 FEB. 2		E)	
If 'Yes,' enter the name of the foreign country				

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.

Form 990 (2006)

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Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Nature of activities income assets

Nature of activities income assets

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

A Did the organization, during the year, receive any funds, directly or indirectly, on a personal benefit contract?

Yes X No
Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Par	t XI	Information	n Regarding Transfers To an	d From Controlled	d Entities. Comp	olete only if th	е	/-	
		organizatio	n is a controlling organization	n as detined-in sec	CTION 512(D)(13)			N/A Yes	No
			A.A.					162	140
106	Did	the reporting of	rganization make any transfers to a schedule below for each controlled	controlled entity as de	fined in section 512	(b)(13) of the Co	de? If		
	163	Nam	(A) e, address, of each controlled entity	(B) Employer Identificati Number	ion Descr	(C) (D) cription of transfer Amount of tra			sfer
а			drain yes						www.man.ordinals.com
b		ADD 100 MIN 10		en e				nagati wasiWar	
С	made Garner Marine.	AND MORE SPEED WITH MINE WHEN SOME						SATURATOR OF THE TREE	agai dan sa arawana
			Totals						·
noneminden (minemat) Ma				Miro JACC.				Yes	No
107	Did 'Yes	the reporting o	rganization receive any transfers from schedule below for each controlled	m a controlled entity a	as defined in section	n 512(b)(13) of th	e Code? If		engadisa desperi communicarea
	(A) Name, address, of each controlled entity		(B) (C) Employer Identification Description of Itransfer			(D) Amount of transfer			
а				to reach the feet to the feet					
b		1222 Edin 2220 9220 Unio 0040 VA						- eyriqiye biyennediga viyli sirid	na,czen y choweron
с								ta anga a khi sanka mak gina yaka	
			Totals						
108	Did ann	the organizatio	on have a binding written contract in d in question 107 above?	effect on August 17, 2	006, covering the in	terest, rents, roy	alties, and	Yes	No
Plea Sign Here	1	Signature of o	BIN & LASKSO	rn; including accompanying sice!) is based on all information	chedules and statements, on of which preparer has a	Date	75,	200	1
Paid Pre-		Preparer's signature			Date	Check if self- employed ▶	Preparer's SSN (General Instruction	or PTIN (See
pare Use		Firm's name (or yours if self- employed), address, and	TEX USER GROUP 1466 NW NAITO PARKWAY			EIN ►	and a street of the street of	······································	Yes No
Only		ZIP + 4	PORTLAND	OR 972	CONTRACTOR	Phone no.	Cara	gon /	מחתבי
BAA				- management of the second of			rorm	טפפ (2000)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2006

Employer identification number

TeX Users Group	* *		22-2868942	
Part I Compensation of the Five Hig (See instructions. List each on	hest Paid Employees Ot e. If there are none, ente	her Than Officers er 'None.')	, Directors, an	d Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None	The second secon			***************************************
	· · · · · · · · · · · · · · · · · · ·	(1	NEW Alleman	
	Section of the sectio			
Total number of other employees paid over \$50,000	see An See Non	e		
Part II — A Compensation of the Five Hig (See instructions. List each on	hest Paid Independent C	ontractors for Pr firms). If there ar	ofessional Ser e none, enter '	vices None.')
(a) Name and address of each independent contra	actor pald more than \$50,000	(b) Type o	of service	(c) Compensation
None	HOURS IN WORK	_		
		_		
	The state of the s	-		
		_		
Total number of others receiving over \$50,000 for professional services	Non	e		1111111
Part II – B Compensation of the Five Hig (List each contractor who performs. If there are none, enter	ormed services other than	n professional ser	her Services vices, whether	individuals or
(a) Name and address of each independent country	actor paid more than \$50,000	(b) Type (of service	(c) Compensation
None	Egypt Carte C 2			
	E SAN SECTION OF THE			
	2 22 22 24 1.76 1.8 1.76 1.7 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
		-		
		-		
Total number of other contractors receiving over \$50,000 for other services▶	Non	- 6-11-12-12-12-12-12-12-12-12-12-12-12-12-		The second secon
BAA For Paperwork Reduction Act Notice, see the Ir	structions for Form 990 and F	orm 990-EZ.	Schedule A (Form !	990 or 990-EZ) 2006

Part III Statements About Activities (See instructions.)							
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid						
	or incurred in connection with the lobbying activities \(\sigma \) \(\sigma	-		v			
	and the state of t	1		X			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.						
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)						
	a Sale, exchange, or leasing of property?	2a		X			
ŀ	Lending of money or other extension of credit?	2 b		Х			
(Furnishing of goods, services, or facilities?	2 c		Х			
(Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		Х			
•	Transfer of any part of its income or assets?	2 e		Х			
3 8	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		Х			
ŀ	Did the organization have a section 403(b) annuity plan for its employees?	3 b		Х			
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3 c		Х			
c	I Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		Х			
4:	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines						
	4f and 4g	4 a		Χ			
ł	Did the organization make any taxable distributions under section 4966?	4 b		Х			
(Did the organization make a distribution to a donor, donor advisor, or related person?	4 c		Х			
C	Enter the total number of donor advised funds owned at the end of the tax year						
	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		······				
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts						
ç	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►						

Thomas I ven, mapper

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dy.

Schedule A (Form 990 or 990-EZ) 2006				22-286894	
Part IV-A Support Schedule (nting.
Note: You may use the worksheet in th	e instructions for con	verting from the accru	ial to the cash methoc	d of accounting.	
Calendar year (or fiscal year beginning in)	(a) 2005	(b)	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	e sistemi g	Wind.	·	•	
unusual grants. See line 28.)	16,858.	11,461.	16,032.	5,065.	49,416.
16 Membership fees received	91,173.	101,632.	113,598.	127,065.	433,468.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	0.	0.	0.	0.	0.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,788.	5,639.	6,078.	5,151.	21,656.
19 Net income from unrelated business activities not included in line 18	-9,584.	-3,342.	-3,192.	1,345.	-14,773.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		Secretary Secretary Control of the C		2,0101	
The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge		A Section of the Control of the Cont			
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	103,235.	115,390.	132,516.	138,626.	489,767.
24 Line 23 minus line 17	103,235.	115,390.	132,516.	138,626.	489,767.
25 Enter 1% of line 23	1,032.	1,154.	1,325.	1,386.	
26 Organizations described on lines		er 2% of amount in co		▶ 26a	
b Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	mounts		· · · · · · · · · · · · · · · · · · ·	26b	
c Total support for section 509(a)(1		column (e)		► 26c	
d Add: Amounts from column (e) fo	r lines: 18 22	- Land Control	19	26 d	
e Public support (line 26c minus lin	-				
f Public support percentage (line 2				≥ 264	<u> </u>
27 Organizations described on line			initiator))	201	70
a For amounts included in lines 15, name of, and total amounts received amounts for each year: (2005)	16, and 17 that were yed in each year from	received from a disq	ualified person, prepareson. Do not file this	are a list for your reco	ords to show the . Enter the sum of
b For any amount included in line 1 to show the name of, and amount \$5,000. (Include in the list organiz After computing the difference be differences (the excess amounts)	tween the amount red	ceived and the larger	amount described in (1) or (2), enter the sui	m of these
(2005)	(2004)	0. (2003)	0	. (2002)	0.
c Add: Amounts from column (e) fo	r lines: 15	49,416.	16 433,	468.	
17	<u> </u>	1942-165	21	► 27 c	482,884.
d Add: Line 27a total	<u>0.</u> ar	nd line 27b total		0.	0.
e Public support (line 27c total mine	us line 27d total)	· · · · · · · · · · · · · · · · · · ·		► 27e	482,884.
c Add: Amounts from column (e) fo 17 d Add: Line 27a total e Public support (line 27c total minu f Total support for section 509(a)(2) test: Enter amount	from line 23, column	(e) ≈, ► 27f	489,767.	-
g Public support percentage (line 2	te (numerator) divid	ea by line 271 (aenon	ıınator))	<u>2/9</u>	98.59 %
h Investment income percentage (I	ine 18, column (e) (n	umerator) divided by	iine 2/f (denominator	′))	4,42 %

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Private School Questionnaire (See instructions.)

Part V

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No 40 1 140 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32 c d Copies of all material used by the organization or on its behalf to solicit contributions? 32 d If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) **33** Does the organization discriminate by race in any way with respect to: $\frac{1}{\sqrt{1+|x|}} \log x$ a Students' rights or privileges? 33 a 33 b c Employment of faculty or administrative staff? 33 c d Scholarships or other financial assistance? 33 d e Educational policies? 33 e f Use of facilities? 33 f J. W. Jorden g Athletic programs? 33 g Strate V 33 h h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a 34a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? 34 b If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

State Of white t

Par	t VI-A Lobbying Ex (To be complet	xpenditures by Elector of the contract of the	cting Public Charit organization that filed F	ties (See instructio Form 5768)	ons.)				
Chec	ck > a if the organi	zation belongs to an aff	iliated group. Check	▶ b if you cl	necked ' a ' a	nd 'limited	contr	ol' provisions apply.	
		imits on Lobbying	-	٠	Affi	(a) liated grou totals	ıp	(b) To be completed for all electing	
	`	n 'expenditures' means a	*					organizations	
36	Total labbying expendito				36 37			***************************************	
37 38	Total lobbying expendite Total lobbying expendite			,	38	***************************************			
39	Other exempt purpose				39			12 to the latest and	
40	Total exempt purpose e				40				
41	Lobbying nontaxable an								
•	If the amount on line 40		lobbying nontaxable a	1000					
	Not over \$500,000								
	Over \$500,000 but not over \$1,					200		10.00	
	Over \$1,000,000 but not over \$	\$1,500,000 \$1,75,0	000 plus 10% of the excess o	ver \$1,000,000	41				
	Over \$1,500,000 but not over \$							the state of the state of	
	Over \$17,000,000								
42	Grassroots nontaxable a			P	42				
43	Subtract line 42 from line Subtract line 41 from line				43 44				
44	Caution: If there is an a				44				
	Caution: If there is an a		i d'		F01(L)				
	4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)								
	Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004		(d) 2003		(e) Total	
45	Lobbying nontaxable amount		AND N						
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures	. 1	en two distributions of	n.					
48	Grassroots non- taxable amount								
49	Grassroots ceiling amount (150% of line 48(e))		A Company						
,	Grassroots lobbying expenditures			for figure star					
Par	Lobbying Activities (For reporting of	ctivity by Nonelectionly by organizations that	at did not complete Par	t VI-A) (See instruc	ctions.)				
Durir atter	ng the year, did the organ	nization attempt to influe pinion on a legislative m	ence national, state or latter or referendum, th	local legislation, inc rough the use of:	cluding any	Yes	No	Amount	
a	Volunteers		·	Ympir - in-					
Ł	Paid staff or manageme	ent (Include compensation	on in expenses reporte	d on lines c through					
(: Media advertisements .			, 					
	Mailings to members, le								
e	Publications, or publish	ed or broadcast stateme	ents			• • • •			
	Grants to other organiza			U 1.7		1 1			
	j Direct contact with legis nRallies, demonstrations								
	Total lobbying expendite								
•	If 'Yes' to any of the ab								

Schedule A (Form 990 or 990-EZ) 2006 TeX Users Group 22-2868942 Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

a Trans	Odde (other than seette) (C)(S)	rganizations) or in section 527, relati	iĝ with any other organization described in : ing to political organizations?			
a mans	fers from the reporting of	organization t	o a noncharitable exempt organizatio	on of:		Yes	No
(i) Ca	ash			51	a (i)		Χ
(ii)O	ther assets				a (ii)		Х
b Other	transactions:						
(i) Sa	ales or exchanges of ass	sets with a ne	oncharitable exempt organization		b (i)		Χ
(ii)Pi	urchases of assets from	a noncharita	ble exempt organization		b (ii)		Χ
(iii)Re	ental of facilities, equipr	ment, or othe	r assets::::::::::::::::::::::::::::::::::		b (iii)		X
(iv)R	eimbursement arrangem	nents	· /		b (iv)		X
(v) Lc	oans or loan guarantees				b (v)		Χ
(vi)Pe	erformance of services of	or membersh	p or fundraising solicitations		b (vi)		X
c Sharir	ng of facilities, equipmer	nt, mailing lis	ts, other assets, or paid employees.		с		X
d If the	answer to any of the about	ove is 'Yes,'	complete the following schedule. Coll by the reporting organization. If the c	umn (b) should always show the fair market organization received less than fair market voods, other assets, or services received:	t value value ir	of	
any tr	(b)		(c)	(d)			
ine no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and sharin	ng arrang	jement	s
			28. The Right is				
			a to two	₽ _{1 :}			
			7.36				
		 	1144				
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			The state of the s				
		 					
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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,			
			A CONTRACTOR OF THE STATE OF TH				
			liated with, or related to, one or more	<u></u>			
2a Is the descri	organization directly or ibed in section 501(c) of	indirectly affi the Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in sect	e tax-exempt organizations ion 527?	Yes	X	No
	s,' complete the following		(1)			لــــا	
	(a)	X	(b) ****	(c) Description of relationship			
	Name of organization		Type of organization	Description of relationship)		
			as attention	b			
			- 44	n prijedijan			
			i dayaga ati				
			- stagegists - stagegists				
		***************************************	All constitution of the second				
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			And the control of th				
			According to the second				
			And the second of the second o				
			And the second of the second o				

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Conf Expense, office + overhead	1,651.	1,651.		
Software Production/Mailing	6 , 500.	6,500.		
Product Sales:Lucida Fonts:Y&Y	130.	130.		
Product Sales:WinEdt license:Pa	575.	575.		
Office Overhead:Credit card/Ban	528.	528.		
Office Overhead:Credit card/Ban	3,830.	3,830.		
Office Overhead:Credit card/Ban	222.	222.		
Office Overhead: Miscellaneous	, 11.		11.	-
Professional Fees:Staff Develop	183.		183.	

Total 13,630. 13,436. 194.

Form 990, Page 5, Part V-A List of Officers, Etc. Statement

(A)	(B)	(C)	(D)	(E)
Name and address	Title and	Compensation	Contributions	Expense
Name and address	average hours per	(if not paid,	to employee	account
	week devoted	enter -0-)	benefit plans	and other
	to position		and deferred	allowances
	To position	va. 190	compensation	anonanoo
Jim Hefferon		of		
Saint Michael's College	Director	orași (sp. 1866)		
Colchester, VT 05439	0	0.	0.	0.
Ross Moore	anget engaleng den Balanca (* 1. a.). Arbei an	* et an Eddings of confession of spinish (*) had belief		
Macquarie University	Director	, and the same particular than the same partic		
Sydney, Australia	0	0.	0.	0.
Arthur Ogawa		15 to		
40453 Cherokee Oaks Drive	Director	g gregor and green description and the second and t		
Three Rivers, CA 93271	0	<u> </u>	0.	0.
John Breitenbucher				
College of Wooster	Director			
Wooster, OH 44691	0	0.	0.	0.
Cheryl Ponchin		98 <u>1</u> 70		
Inst for Defense Anal	Director	- 18 M.A.		
Princeton, NJ 08540	0	0.	0.	0.
Klaus Hoeppner	, .	A Marie Control of the second		
Darmstadt, Germany	Director			
	0	0.	0.	0.
Philip Taylor	na nazavani Dainbi en din ilin ilin neg	· ·		
University of London	Director	300 e es		
Egham Surrey, UK	0	0.	0.	0.
Steve Peter	a series processing and the series of the	1.000		
Beech Stave Press	Director	a contract a del parentago del		
Edison, NJ	0	0.	0.	0.
Steve Grathwohl				
Duke University Press	Director	trans Address		
Durham, NC	0	0.	0.	0.
Sam Rhoads		. 210		
Honolulu Community College	Director	gertagne (de 100		
Honolulu, HI	0	0.	0.	0.

Form 990, Page 8, Part VII, Line 93

Program Service Revenue Stmt

		Inrelated ness income	1	xcluded by 512, 513, or 514	
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	(E) Related or exempt function income
Program service		and the state of t			
revenue:			-		
Conference Classes:LaTeX C		of the same of the same of the same	3	2,110.	
Product Sales:Member sales			41	3,200.	
Product Sales:TUG Store:Sa		22.53	41	2,289.	

Total

7**,**599.

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Fixed Assets	51,537.	46,313.	5,224.
Total	51,537.	46,313.	5,224.

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Committed Funds:LaTeX3	3,464.	4,080.
Payroll Liabilities: Federal P/R Taxes Payable	849.	865.
Payroll Liabilities:State P/R Taxes Payable	188.	191.
Committed Funds:CTAN		435.
Committed Funds:MacTeX		106.
$\psi = \hat{H}^{*} P^{-1} A^{*}$		

Total

4,501. 5,677.

TeX Users Group 22-2868942 3

Supporting Statement of:

Form 990 p 1/Line 1b

Description	Amount
General contributions	10,713.
PracTeX conference general contributions	1,104.
includes 594 Dante donation	
Total	11,817.

Supporting Statement of:

Form 990 p 2/Line 22a cash

	Description		Amount
EuroTeX06	contribution	3.	1,000.
Total	16 Y P	ediction of the control of the contr	1,000.

Supporting Statement of:

Form 990 p 2/Line 24 column (B)

Description	Amount
Annual bursary contribution	2,000.
Sponsor Kew conference reg and banquet	240.
Sponsor Akhmadeeva conference reg	150.
Total	2,390.

Supporting Statement of:

Form 990 p 4/Line 46, column (A)

Description	Amount
BOA Checking - 21203-10859:0ther	-3,146.
BOA Checking - 21203-10859:Paypal	4,304.
BofA 9 Mo CD - projection for assurement an assurance of	10,278.
BofA Maximizer 21203-18374	28,733.
OregonTelco 12 Mo CD	75,820.
OregonTelco PrimeShare 80144	5.

Total 115,994.

· ·

Supporting Statement of:

Form 990 p 4/Line 46, column (B)

Description	Amount
B o f A 9 Mo CD	1.
B of A 11 Mo CD	35,536.
B of A Checking	364.
B of A Maximizer	19,178.
Oregon Telco 12 Mo CD	78,706.
OregonTelco PrimeShare	5.
Total	133,790.

Supporting Statement of:

Form 990 p 4/Line 47a

Description	Amount
Accounts Receivable - Bursary	95. 300.
Total	395.

Supporting Statement of:

Form 990 p 4/Line 61, column (A)

Description	Amount
Committed Funds: TeX Development Fund: TDF - 2003 owed Committed Funds: TeX Development Fund: TDF - 2004 owed Committed Funds: TeX Development Fund: TDF - 2005 owed Committed Funds: TeX Development Fund: TDF available	750. 1,500. 1,000. 291.
Total	3,541.

Supporting Statement of:

Form 990 p 4/Line 61, column (B)

Description	Amount
*NBpared or	
Committed Funds:Bursary	2,117.
Committed Funds: TeX Development Fund: TDF - 2004 owed	1,500.
Committed Funds: TeX Development Fund: TDF - 2005 owed	1,000.
Committed Funds: TeX Development Fund: TDF available	85.

Total 4,702.

The same of the sa

Supporting Statement of:

Form 990 p 4/Line 62, column (A)

Description	eska.	Amount
Deferred conference donations Deferred member income		1,794. 1,160.
Total	AND THE STATE OF T	2,954.

Supporting Statement of:

Form 990 p 4/Line 62, column (B)

Description	Amount
Prepaid member income: 2007 member dues	1,320.
Prepaid member income: 2008 member dues	300.
Prepaid member income: 2009 member dues	45.
Prepaid member income: 2010 member dues	45.
Total ************************************	1.710.

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LOW - Parameter & Marine of Lower Parameters