Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Open to Public

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

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

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

A	or the	2022 calenda	r year, or tax year beginning 01/01/2022	and	d ending	12	/31/2022			
В	Check if ap	oplicable:	C Name of organization			D Empl	oyer identif	fication number		
	Address c	ddress change TEX USERS GROUP						22-2868942		
Ц	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telep							E Telephone number		
=	Initial retur		PO BOX 2311				503-22	23-9994		
=	Finai returi Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal of	ode		F Grou	up Exempt	ion		
=		n pending	PORTLAND, OR 97208-2311			Nun	nber			
G /	Account	ting Method:	Cash Accrual Other (specify):		F	Check [if the ord	ganization is not		
		: WWW.TU						Schedule B		
			ck only one) — ✓ 501(c)(3) ☐ 501(c) () (insert no.)	4947(a)(1) o	r	(Form 9	90).			
			✓ Corporation ☐ Trust ☐ Association	Other:						
		•	7b to line 9 to determine gross receipts. If gross receipts ar		more, or if to	al assets				
							. \$	151,504		
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or F							
			the organization used Schedule O to respond to a		•			,		
	1		ns, gifts, grants, and similar amounts received				1	41,708		
	2		rvice revenue including government fees and contra				2	20,061		
	3	_	p dues and assessments				3	76,940		
	4	Investment					4	742		
	5a		unt from sale of assets other than inventory					7.12		
	b		or other basis and sales expenses			0				
	C		s) from sale of assets other than inventory (subtract		ine 5a)		5c	0		
	6		d fundraising events:		ino ou, .					
	а	_	ome from gaming (attach Schedule G if greate	r than						
Пe	_					0				
Revenue	b	Gross inco	me from fundraising events (not including \$		of contribut					
ě			aising events reported on line 1) (attach Schedule C							
-			n gross income and contributions exceeds \$15,000)			0				
	С	Less: direc	expenses from gaming and fundraising events .	6с		0				
	d		e or (loss) from gaming and fundraising events (add		d 6b and s	ubtract				
		line 6c) .					6d	0		
	7a	Gross sales	of inventory, less returns and allowances	7a		0				
	b		of goods sold			0				
	С	Gross prof	t or (loss) from sales of inventory (subtract line 7b fro	m line 7a) .			7c	0		
	8		ue (describe in Schedule O) . See Schedule O, Stater				8	12,053		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	151,504		
	10		similar amounts paid (list in Schedule O)				10	4,033		
	11		id to or for members				11	1,655		
Ş	12	-	her compensation, and employee benefits				12	71,565		
Expenses	13		al fees and other payments to independent contractor				13	0		
bei	14		, rent, utilities, and maintenance				14	4,932		
X	15		blications, postage, and shipping				15	24,981		
	16		nses (describe in Schedule O) .See Schedule O, Stat				16	20,946		
	17		nses. Add lines 10 through 16				17	128,112		
	18	Excess or (deficit) for the year (subtract line 17 from line 9)			<u> </u>	18	23,392		
ets	19		or fund balances at beginning of year (from line 2)					20,072		
\ss							19	105,542		
Net Assets	20	•	ges in net assets or fund balances (explain in Sched				20	0		
ž	21		or fund balances at end of year. Combine lines 18 th				21	128,934		

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Pai	t 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 I	Part II		🔽
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			173,601	22	198,500
23	Land and buildings				23	0
24	Other assets (describe in Schedule O) See.Sche	edule O, Statement 3.		395	24	2,335
25	Total assets			173,996	25	200,835
26	Total liabilities (describe in Schedule O) See Sc	hedule O, Statement.	4	68,454	26	71,901
27	Net assets or fund balances (line 27 of column			105,542	27	128,934
Par	Statement of Program Service Accom	plishments (see th	e instructions for P			
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part IÍI 🗌		Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 5			quired for section
	ribe the organization's program service accomplis			rogram services		(c)(3) and 501(c)(4) anizations; optional for
	leasured by expenses. In a clear and concise m					ers.)
	ons benefited, and other relevant information for ea		Convided provided	, the namber of		
•	Publish and print the journal TUGboat 3 times per ye		ufacture the TeX Coll	ection		
	software on DVD annually. Ship the journal and softw					
	freely available to TUG members, as well as to the pu					
		includes foreign gra			28a	22,639
29	TUG annual conference. No fee (donations gratefully					22,037
25	100 annual conference. No fee (donations gratefully	accepted). Offine 20	Join and Tourube for	111013 111 2022.		
	(Grants \$ 4,653) If this amount	includes foreign gra	nts chack hara		29 a	328
30	Administer MacTeX Fund (provide computer \$2000, /				290	320
30						
	memberships \$340). PDF accessibility fund (learnlate	ex domain fee \$103 a	na supplement TDF ç	grant \$1000),		
	(Continued on Schedule O, Statement 6) (Grants \$ 5,688) If this amount	includes foreign are	nte chock horo		30a	
21					302	0
31	Other program services (describe in Schedule O)				24.	
		includes foreign gra	nts, check here .		31a	a 0
22	Total program convice expenses (add lines 28a t	hrough 21a			20	20.047
	Total program service expenses (add lines 28a t				32	
32 Par	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated—see the in	nstru	ctions for Part IV)
		Employees (list each	one even if not comp ny question in this I	ensated—see the in	nstru	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key	Employees (list each O to respond to ar	one even if not comp ny question in this I	pensated—see the in Part IV	nstru 	ictions for Part IV)
	List of Officers, Directors, Trustees, and Key	Cemployees (list each O to respond to ar (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/	pensated—see the in Part IV	nstru 	ictions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to ar (b) Average	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the in Part IV	nstru 	ictions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the in Part IV	nstru 	ctions for Part IV)
Pari	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title s Veytsman	Cemployees (list each O to respond to ar (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the in Part IV	nstru 	ictions for Part IV)
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Boris Pres Artho	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title s Veytsman ident ur Rosendahl	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the in Part IV	nstru 	ctions for Part IV)
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Boris Pres Artho Vice Klau	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title s Veytsman ident ur Rosendahl President s Hoeppner	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 1.00	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the in Part IV	nstru 	ctions for Part IV)
Boris Pres Artho Vice Klau Secr	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title s Veytsman ident ur Rosendahl President s Hoeppner etary	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-NISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the in Part IV	nstru	ctions for Part IV)
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Boris Pres Arth Vice Klau 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 Rosendahl President s Hoeppner etary Berry surer ara Beeton	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-NISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the in Part IV	nstru	ctions for Part IV)
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Boris Pres Arth Vice Klau Secr Karl Trea Barb Direc Kaja Direc Fran Direc Ross Direc	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Veytsman ident ur Rosendahl President s Hoeppner etary Berry surer ara Beeton ctor nnes Braams ctor Christiansen ctor Hefferon ctor k Mittelbach ctor is Moore	Employees (list each O to respond to ar (b) Average hours per week devoted to position 1.00 1.00 2.00 1.00 1.00 1.00 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0 0 0 0	pensated—see the inpart IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	citions for Part IV) Destinated amount of other compensation O O O O O O O O O O O O O

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	٧.	
			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		
С	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			
37a	during the year? If "Yes," complete applicable parts of Schedule N	36		_
b	Did the organization file Form 1120-POL for this year?	37b		/
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	07.5		
	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 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0; section 4912: 0; section 4955: 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		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	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		503-22	3-9994	1
	Located at: PO Box 2311, Portland, OR 97208-2311 ZIP + 4	97208	,,	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	$\overline{}$	Yes	
	If "Yes," enter the name of the foreign country:	42b		~
	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		/
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			
			Yes	No
44a	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		<u>/</u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>
	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 000 F7 See instructions	4		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (20	022)								Р	age 4
46		ne organization engage, directly or in								Yes	No
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) Organizations	s Only						46		✓
		All section 501(c)(3) organization 50 and 51.					nplete th	e table	es to	or line	es
		Check if the organization used Scl	nedule O to respond	I to any question i	n this Pa	rt VI		<u> </u>	<u></u>		
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec		ffect d	uring the		47	Yes	No
10	-	organization a school as described in				 ulo E		⊢	47 48		~
48 49a		ne organization make any transfers to						-	4о 49а		~
b		es," was the related organization a se	=	_					49b		
50		plete this table for the organization's								es an	d ke
		oyees) who each received more than									
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contrib C/ benefit		o employee and deferred			d amou	
None				1000 1120/							
None											
f	Total	number of other employees paid ov	er \$100,000								
51	Com	plete this table for the organization',000 of compensation from the organ	s five highest compe	ensated independe	ent contra	actors	who each	ı recei	ved	more	thar
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service		(c)) Compe	nsatio	on	
None											
						\rightarrow					
				-							
				-							
						\bot					
				-							
	Total	number of other independent contra	ectors each receiving	Over \$100,000							
52		the organization complete Schedu	-			ne mi	uct attack				
32		bleted Schedule A	ile A! Note. All se						Yes		No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and state	ements, and	d to the t					
		d complete. Declaration of preparer (other than									
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 P	TIN		
Prep	arer						self-emplo				
Use		Firm's name				Firm's	s EIN				
May +	no IDS	discuss this return with the prepare	chown above? See	instructions		Phon	e no.		Voc		No.
וו עמועו	12 ILJ 1.	viavuaa iilia telulii willi lile oreoarei	andwingdove; are	manuchuna				. 1 1		1 1 1	41)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization **TEX USERS GROUP** 22-2868942 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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

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

Secti	on A. Public Support			•	•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees							
•	received. (Do not include any "unusual grants.")	90,994	90,120	93,155	105,767	118,648	498,684	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	90,994	90,120	93,155	105,767	118,648	498,684	
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 8	Add lines 7a and 7b						498,684	
Secti	on B. Total Support						.,,,,,,,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9	Amounts from line 6	90,994	90,120	93,155	105,767	118,648	498,684	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	870	1,934	1,464	185	742	5,195	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	870	1,934	1,464	185	742	5,195	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	070	245	205	5/5	275	10/0	
13	Total support. (Add lines 9, 10c, 11,	270	345	305	565	375	1,860	
14	(-),(-)							
Secti	organization, check this box and stop here							
15	Public support percentage for 2022 (line 8			3, column (f))		15	98.6 %	
16	Public support percentage from 2021 Sch		•			16	97.64 %	
	on D. Computation of Investment In							
17	Investment income percentage for 2022 (y line 13, colu	mn (f))	17	1.03 %	
18	Investment income percentage from 2021					18	1.04 %	
19a	331/3% support tests-2022. If the organ							
	17 is not more than 331/3%, check this box	_	=	-		-	_	
b	331/3% support tests – 2021. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.							
20	Private foundation. If the organization di	d not check a h	oox on line 14	19a or 19h o	heck this hox	and see instruc	tions \square	

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

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

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III suppor	ting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part III, Line 12 - Advertising income

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

TEX USERS GROUP	22-2868942
Form 990-EZ, Part I, Line 10 - Server funding \$502, Apple developer fee \$108, Apple developer fee \$120, La	aptop funding \$2200,
LearnLaTeX.org \$103, and TeX development \$1000.	

Schedule O, Statement 1 TEX USERS GROUP

Form: Form 990-EZ (2022) EIN: 22-2868942

Page: 1 Part I, Line 8

Other Revenue Structured Explanation

Description	Amount
Payment from LSI	45
TUG store shipping	24
Advertising income	375
Prior year adjustment	5,921
MacTeX fund	3,019
LaTeX3 fund	815
PDF accessibility fund	103
TeX development fund	1,000
CTAN fund	751
Total:	12,053

Schedule O, Statement 2 TEX USERS GROUP

Form: Form 990-EZ (2022)

EIN: **22-2868942**

Part I, Line 16

Page: 1

Other Expenses Structured Explanation

Description	Amount
Payment to LSI	54
Payment to WinEdt	67
TUG 2022 expense	328
Lucida sales	9,595
Software production and mailing	2,818
Crossref fees	369
Corporation fees	134
Credit card and bank charges	3,588
Server and Internet	496
Insurance	2,181
Supplies	1,316
Total:	20,946

Schedule O, Statement 3 **TEX USERS GROUP**

Form: Form 990-EZ (2022) EIN: **22-2868942**

Part II, Line 24 Page: 2 Other Assets Structured Explanation

Other Assets Offuctured Explanation	

Description	EOY Amount
Accounts receivable	2,335
Total:	2,335

Schedule O, Statement 4 TEX USERS GROUP

Form: **Form 990-EZ (2022)** EIN: **22-2868942**

Page: 2 Part II, Line 26

Other Liabilities Structured Explanation

Description	EOY Amount
Committed funds	53,524
TUG 2023 conference donation	2,000
Administrative services	1,443
Prepaid member income	11,395
Payroll liabilities	3,539
Total:	71,901

Schedule O, Statement 5 TEX USERS GROUP

Form: Form 990-EZ (2022) 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 (2022) EIN: 22-2868942

Page: 2 Part III, Line 30

Third Program Service Accomplishments Description

Description

TeX Development fund (grant \$1000), LaTeX3 memberships (\$830), CTAN membership (\$500), and joint CTAN/MacTeX/GenDonation contribution for server (\$502).

Schedule O, Statement 7 TEX USERS GROUP

Form: Form 990-EZ (2022)

Page: 2

Officers, Directors, Trustees and Key Employees Compensation

Part IV

EIN: **22-2868942**

		Hours	Compensation	Benefits	Expense
Name Title	Norbert Preining Director	1.00	0	0	0
Name Title	Paulo Cereda Director	1.00	0	0	0
Name Title	Ulrike Fischer Director	2.00	0	0	0