

CT-12F

For Foreign Charities

Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
Email: charitable.activities@doj.state.or.us
Website: http://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

2015

Section I. General Information

1. Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

Registration #: 32041

Organization Name: TEX USERS GROUP

Address: PO BOX 2311

City, State, Zip: PORTLAND OR 97208-2311

Phone: 503-223-9994 Fax: 815-301-3566 Amended Report?

Email:

Period Beginning: 01/01/2015 Period Ending: 12/31/2015

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Yes No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon?
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____ Yes No
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions Yes No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status?
If yes, attach a copy of the amended document or letter. Yes No
6. Is the organization ceasing operations in Oregon and is this the final report? (If yes, see instructions on how to close your registration.) Yes No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
ROBIN LAAKSO	EXECUTIVE DIRECTOR	503-223-9994	PO BOX 2311 PORTLAND OR 97208-2311

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section.

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
SEE ATTACHED			
Name:	-----		
Address:	-----		
Phone:	(____) -----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	(____) -----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	(____) -----		
Email:	-----		

Section II. Fee Calculation

<p>9. Total Oregon Revenue <small>(If Oregon revenue is unknown or cannot be reasonably estimated, write the total revenue from Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; or Part I, Line 12a on Form 990-PF.) (If estimated, or if organization claims no Oregon revenue, attach explanation.)</small></p>	9.	\$475.00																				
<p>10. Revenue Fee <small>(See chart below. Minimum fee is \$10, even if total revenue is a negative amount.) The revenue fee is determined by the amount on line 9.</small></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$10	\$25,000 - \$49,999	\$25	\$50,000 - \$99,999	\$45	\$100,000 - \$249,999	\$75	\$250,000 - \$499,999	\$100	\$500,000 - \$749,999	\$135	\$750,000 - \$999,999	\$170	\$1,000,000 or more	\$200	10.	\$10.00		
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\$0 - \$24,999	\$10																					
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\$750,000 - \$999,999	\$170																					
\$1,000,000 or more	\$200																					
<p>11. Oregon Net Assets or Fund Balances at the End of the Reporting Period <small>(If the Oregon amount is unknown, write the total net assets or fund balances from Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF.)</small></p>	11.	\$475.00																				
<p>12. Oregon Net Fixed Assets Used to Conduct Charitable Activities <small>(If the Oregon amount is unknown, write \$0.)</small></p>	12.	0																				
<p>13. Amount Subject to Net Assets or Fund Balances Fee <small>(Line 11 minus line 12. If less than \$50,000, write \$0.)</small></p>	13.	0																				
<p>14. Net Assets or Fund Balances Fee <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)</small></p>	14.	0																				
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.																					
<p>16. Total Amount Due <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.	\$10.00																				
<p>17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing.</p>																						

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

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	11 MAY 2016	EXECUTIVE DIRECTOR
Signature of officer	Date	Title
ROBIN L LAAKSO	PO BOX 2311 PORTLAND OR 97208-2311	
Officer's name (printed)	Address	
	503-223-9994	
	Phone	

Paid Preparer's Use Only

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Preparer's signature	Date	Phone
Preparer's name (printed)	Address	