Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public Inspection

Form **990-EZ** (2013)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	or the	2013 calenda	ar year, or tax year beginning	01/01 , 201	3, and ending	12/3	1 , 20 <u>13</u>	
B Check if applicable: C Name of organization TEX USERS GROUP						D Employer i	dentification number	
	Address c	hange		22-2868942				
=	Name cha		E Telephone number					
=	Initial retu		503-223-9994					
\equiv	Terminate Amended		F Group Ex	emption				
	Applicatio	Number	▶					
		ing Method:	Cash 4 Accrual Other (specify)		н	Check ▶ 4	if the organization is not	
	Vebsite		.tug.org				ttach Schedule B	
				√ (insert no.) ☐ 4947(a)(1)	or527		90-EZ, or 990-PF).	
				Association Other	0	,	, ,	
			7b, to line 9 to determine gross receipts. If gro		or more, or if tot	al assets		
			v) are \$500,000 or more, file Form 990 instead				\$ 129,113	
_	art I		e, Expenses, and Changes in Net A					
	ai t i		the organization used Schedule O to re		•		•	
	1	Contribution	ons, gifts, grants, and similar amounts rec	ceived		1	21,669	
	2	Program se	ervice revenue including government fees	s and contracts		2	11,154	
	3	Membersh	ip dues and assessments			3	94,900	
	4	Investment	income			4	625	
	5a	Gross amo	unt from sale of assets other than invent	ory 5 a	a	o		
	b		or other basis and sales expenses	· —	5	0		
	С		ss) from sale of assets other than invento		line 5a)	5с	0	
	6	,	d fundraising events	, (
	a	_	ome from gaming (attach Schedule (G if greater than				
Revenue	"				a	0		
Ve	b		me from fundraising events (not including		of contribution	ns		
Re			aising events reported on line 1) (attach					
		sum of suc	h gross income and contributions exceed	ds \$15,000) 6t	o	O		
	С	Less: direc	t expenses from gaming and fundraising	events 60	:	0		
	d	Net incom	e or (loss) from gaming and fundraising	events (add lines 6a a	nd 6b and su	btract		
		line 6c) .				· · 6d	0	
	7a	Gross sale	s of inventory, less returns and allowance	es	a	o		
	b	Less: cost	of goods sold	71	D	0		
	С	Gross prof	it or (loss) from sales of inventory (Subtra	ct line 7b from line 7a)		7с	o	
	8	Other reve	nue (describe in Schedule O) See Schedu	ule O, Statement 1		8	765	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and			. ▶ 9	129,113	
	10		I similar amounts paid (list in Schedule O				12,785	
	11		aid to or for members	•			3,324	
S	12		ther compensation, and employee benefit				64,486	
Expenses	13	,	al fees and other payments to independe				0	
ber	14		/, rent, utilities, and maintenance				5,031	
X	15		ublications, postage, and shipping				31,260	
	16		enses (describe in Schedule O) See Sched				10,210	
	17		enses. Add lines 10 through 16					
_	18		deficit) for the year (Subtract line 17 from				127,096	
ets	19		or fund balances at beginning of year	,			2,017	
SS	.5		r figure reported on prior year's return)				146 500	
Net Assets	20						146,528	
Ne	20		iges in net assets or fund balances (expla				0	
_	21	Net assets	or fund balances at end of year. Combin	e lines 18 through 20		. ▶ 21	148,545	

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Pai	till Balance Sheets (see the instructions f	•					
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		4	
				(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments			187,507		186,696	
23	Land and buildings				23	0	
24	Other assets (describe in Schedule O) See Sched	iule 0, Statement 3		2,496	_		
25	Total assets	nodulo O Statement		190,003			
26	Total liabilities (describe in Schedule O) See Sch			43,475			
27 Par	Net assets or fund balances (line 27 of column			146,528	27	148,545	
rai	Statement of Program Service Accome Check if the organization used Schedule			,		Expenses	
\//hat	t is the organization's primary exempt purpose?			raitiii u		equired for section 1(c)(3) and 501(c)(4)	
						ganizations and section	
as m	ribe the organization's program service accomplist seasured by expenses. In a clear and concise m cons benefited, and other relevant information for ea	anner, describe the				47(a)(1) trusts; optional others.)	
28	Publish the journal TUGboat 3 times per year and the	e TeX Collection DVD	annually. Mail the j	oumal and			
	software to TUG members. The software and journal	are freely available t	o members and non	members at			
	the TUG website.						
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	▶ □	28	a 31,229	
29	TUG 2013 annual conference attendee and speakers	sponsorship (\$3324).	TUG conferences ca	an be viewed			
	virtually.						
	(Grants \$ 3,324) If this amount			▶ 4	29	a <u>0</u>	
30	TeX development grants (\$5000) free font development	ent (\$300), MacTeX gr	rant (\$2700).				
	(Grants \$ 8,000) If this amount includes foreign grants, check here ▶ 4						
31	(Grants \$ 8,000) If this amount Other program services (describe in Schedule O).	See Schedule O, Stat	ement 6	🖊 🖽	30	a 0	
31		includes foreign gra		▶ □	31	a 2,700	
32	Total program service expenses (add lines 28a t				32		
Par					_	20,020	
	Check if the organization used Schedule						
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	Ι.	e) Estimated amount of other compensation	
Stev	e Peter	1		0	0	0	
	ident	_		1		_	
J im	Hefferon	2		D	0	0	
	President						
Sue	DeMeritt	1		D	0	0	
Secr	etary						
Karl	Berry	2		D	0	0	
Trea	surer				\perp		
	ara Beeton	1		D	0	0	
Direc		_			\perp		
	Christiansen	1	1	D	0	0	
Direc				•	_		
	ael Doob	1	'	D	0	0	
Direc	than Fine	1		0	0	0	
Direc		•	'		٦	·	
	e Grathwohl	1		D	0		
Dire		1					
	Hoekwater	1		D	0	0	
Direc		1				·	
	s Hoeppner	1		D	0	0	
Direc		1				_	
	tinued on Schedule O, Statement 7)				\top		
		1	I	I			

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Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
			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			,
24	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		4
34	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		4
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			T.
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		4
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,			١.
00	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		4
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		4
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			4
	Did the organization file Form 1120-POL for this year?	37b		4
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		4
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 40a	Gross receipts, included on line 9, for public use of club facilities	1		
4 0a	section 4911 ▶ • • • • • • • • • • • • • • • • • •			
b	Section 501(c)(3) and 501(c)(4) 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		4
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
4	4955, and 4958			
d	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		4
41	List the states with which a copy of this return is filed ► OR			
42a	9	503-22		4
	Located at ► PO Box 2311, Portland, OR 97208 ZIP + 4 ►	97	208	
b	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)?	40h	Yes	_
	If "Yes," enter the name of the foreign country: ▶	42b		4
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		4
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	> _
	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		162	NO
	completed instead of Form 990-EZ	44a		4
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		4
	Did the organization receive any payments for indoor tanning services during the year?	44c		4
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d		
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		4
400	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		4

Form 99	J-EZ (20	113)							Р	age 🖣
									Yes	No
46		ne organization engage, directly or in								
Part \		•	<u> </u>	Parti				46		4
rait				stions 47–49h ar	nd 52 and	l complete	the ta	bles f	or line	25
			o mast answer que	0110110 47 400 01	10 02, and	Complete	tilo ta	0100 1	OI III I	-
			nedule O to respond	to any question i	n this Part	VI				
			•						Yes	No
47								47		4
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedul	eE		48		4
49a	49a Did the organization make any transfers to an exempt non-charitable related organization?						49a		4	
								49b		
50										
	emplo	byees) who each received more than	\$100,000 of comper	sation from the or			none, er	nter "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	tions to employ lans, and defer				
None							-			
f 51	Comp	olete this table for the organization's	s five highest compe	ensated independe	ent contrac	tors who e	ach red	eived	more	thar
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c) Com	pensatio	on	
None										
d	Total	number of other independent centre	otoro ocob rocciving	Over \$100,000						
52		'	•		. ► one and 49	47(a)(1)				
32				· / · /		` '` '	. ▶	Yes		No
Under pe										it is
		\								
		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
Here Robin Laakso, Executive Director										
	-	71 1	Preparer's signature		Date			PTIN		
Paid		Time Type preparer s name								
Prepa		Firm's name			l		1 1/20			
Use (niy									
May th	e IRS		shown above? See i	nstructions			. ▶ [Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Employer identification number

TEX U	ISERS GROUP								22-28	68942
Part	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ons.
1 2 3	☐ A church, con ☐ A school desc ☐ A hospital or a ☐ A medical rese	vention of churc ribed in section a cooperative ho earch organization	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attao spital service organiza on operated in conjun	churches ch Sched ation desc	s describe ule E.) cribed in :	ed in sec section 1	tion 170 170(b)(1)((b)(1)(A)(i (A)(iii).		(iii). Enter the
5	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.) 									
8	☐ A community t	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)				
	4 An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrelater June 30, 1975. See	an 33¹/₃% ions—sul lated bus	of its subject to disiness tax	upport fro certain ex xable inc	xceptions come (les	s, and (2) ss section	no more	e than 331/3% of its
10 11	☐ An organization □ An organization	on organized ar one or more pub	I operated exclusively nd operated exclusive Dicly supported organ describes the type of	ely for th	ne benefi describe	t of, to p d in sect	perform to ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). See section
е		ındation manage	II c Type II that the organization ers and other than one	is not co	ntrolled d	lirectly or	indirect	y by one	or more	
f	organization, o	check this box .	a written determination							
g	following pers	ons?	he organization accep		_			-		
	(iii) below,	the governing bo	ndirectly controls, eithody of the supported of	organizat	ion?					
			on described in (i) abo							11g(ii)
h			a person described ir ion about the support							11g(iii)
	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S.?	(vii) Amount of monetary support
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No	1
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 5 The portion of total contributions by (other each person 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) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business 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 IV.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2012 Schedule A, Part II, line 14 15 % 331/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 33½3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33½3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	120.202	124.000	116 700	120.000	127.722	617.531
2	Gross receipts from admissions, merchandise	120,293	124,086	116,769	128,660	127,723	617,531
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose		0				
3	Gross receipts from activities that are not an	0	U	0	0		0
_	unrelated trade or business under section 513	o	0	0	0		0
4	Tax revenues levied for the	•					
•	organization's benefit and either paid						
	to or expended on its behalf	o	0	o	0		0
5	The value of services or facilities		_	_	_		
	furnished by a governmental unit to the						
	organization without charge	o	o	o	0		0
6	Total. Add lines 1 through 5	120,293	124,086	116,769	128,660	127,723	617,531
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0		0
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	0	0	0	0	_	0
с 8	Add lines 7a and 7b	0	0	0	0	0	0
0	line 6.)						617 531
Section	on B. Total Support						617,531
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	120,293	124,086	116,769	128,660	127,723	617,531
10a	Gross income from interest, dividends,	120,233	12-4,000	110,703	120,000	127,723	017,001
200	payments received on securities loans, rents,						
	royalties and income from similar sources .	4,599	1,524	1,112	949	625	8,809
b	Unrelated business taxable income (less		,				,
	section 511 taxes) from businesses						
	acquired after J une 30, 1975	0	o	o	0		0
С	Add lines 10a and 10b	4,599	1,524	1,112	949	625	8,809
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0		0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part IV.)	140	2,234	770	731	765	4,640
13	and 12.)	125.022	127.044	110 (51	120.240	120 112	630,000
14	First five years. If the Form 990 is for the	125,032	127,844 's first second	118,651	130,340 or fifth tax ve	129,113	630,980 n 501(c)(3)
	organization, check this box and stop he	_					_
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8			3, column (f))		15	97.87 %
16	Public support percentage from 2012 Sch					16	97.15 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2013 (line 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	1.4 %
18	Investment income percentage from 2012					18	2.13 %
19a	33½% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box		_	•		_	_
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this l		_				_
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2013 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). Schedule A, Part III, Line 12 - royalties (355), advertising income (410)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
TEX USERS GROUP	22-2868942

Schedule O, Statement 1 TEX USERS GROUP
Form: 990-EZ 22-2868942

Form: 990-EZ Page: 1

Line Number: Part I Line 8

Other Revenue Structured Explanation

Description	Amount
royalties	242
advertising	410
prior year ams royalty	113
Total:	765

Schedule O, Statement 2
Form: 990-EZ

TEX USERS GROUP
22-2868942

Form: 990-EZ Page: 1

Line Number: Part I Line 16

Other Expenses Structured Explanation

Description	Amount
lucida and winedt and book sales payments	3,026
corporation and bank fees	5,310
supplies	878
insurance	996
Total:	10,210

Schedule O, Statement 3 TEX USERS GROUP
Form: 990-EZ 22-2868942

Page: 2

Line Number: Part II Line 24

Other Assets Structured Explanation

Description	EOY Amount
Accounts receivable	180
Total:	180

Schedule O, Statement 4 TEX USERS GROUP
Form: 990-EZ 22-2868942

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Line Number: Part II Line 26

Other Liabilities Structured Explanation

Description	EOY Amount
committed funds	27,712
administrative services	4,879
deferred contributions and prepaid member dues	4,640
payroll liabilities	1,100
Total:	38.331

Schedule O, Statement 5
Form: 990-EZ

TEX USERS GROUP
22-2868942

Form: 990-EZ Page: 2

Line Number: Part III

Primary Exempt Purpose

Primary Exempt Purpose

Provide products, information and support for users of the TeX typesetting system.

Schedule O, Statement 6 TEX USERS GROUP
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Line Number: Part III Line 31

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Lucida font net sales	0		2,700
Total:			2 700

Schedule O, Statement 7
Form: 990-EZ

TEX USERS GROUP
22-2868942

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Line Number: Part IV

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name	Ross Moore	1	0	0	0
Title	Director				
Name	Cheryl Ponchin	1	0	0	0
Title	Director				
Name	Philip Taylor	1	0	0	0
Title	Director				
Name	Boris Veytsman	2	0	0	0
Title	Director				
Name	David Walden	1	0	0	0
Title	Director				