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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No 1545-0047

Open to Public Inspection

Form **990** (2013)

Internal Re	venue S	Service	Information about Form 990 and its instructions is at www.	rs_aov/form990	Inspection
A For t	he 20	13 calenc	dar year, or tax year beginning $$ JAN 11 , 2013 $$ and ending	DEC 31, 20	13
B Check applica	ıf able	C Name o	of organization	D Employer idea	ntification number
[_A_]cha	dress inge	THE	BUS FEDERATION CIVIC FUND		
	inge		Business As	46	-2465621
X Initi	mın- I		r and street (or P.0 box if mail is not delivered to street address) S.E. SECOND AVENUE		mber 3-233-3018
	ended	City or 1	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	320,667
X App	plica-		LAND, OR 97214	H(a) Is this a grou	
per	nding		and address of principal officer MATTHEW SINGER AS C ABOVE	for subordin	ates? Yes X No ates included? Yes No
			X 501(c)(3)		ch a list (see instructions)
			BUSFEDCIVIC.ORG	H(c) Group exem	
				r of formation: 201	3 M State of legal domicile. O
Part		ummary			
ု ဗ္ဗ 1	Brie	efly describ	be the organization's mission or most significant activities. SEE SCHED	OPE O	-
Governance	_			_	
E 2			ox If the organization discontinued its operations or disposed of mo	re than 25% of its n	et assets
<u>გ</u> 3			oting members of the governing body (Part VI, line 1a)		3
∞ 4			dependent voting members of the governing body (Part VI, line 1b)		4
<u>se</u> 5	Tot	al number	of individuals employed in calendar year 2013 (Part V, line 2a)		5
Activities &			of volunteers (estimate if necessary)		6 656
			ed business revenue from Part VIII, column (C), line 12		7a 0
	b Net	unrelated	I business taxable income from Form 990-T, line 34		7b 0
	_		` `	Prior Year	Current Year
9 8			s and grants (Part VIII, line 1h)		320,469
Revenue		-	rice revenue (Part VIII, line 2g)		0
é 10			ncom p (Part-VIII, column (A), lines 8, 4, an d 7d)		198
	Oth	er revenu	e (Part VIII, det m (A) he 5, 60, 8c. 9¢, 10c, and 11e)		0
12	Tot	al revenue	e add Ines 8 through 11 (must equal bart VIII, column (A), line 12)		320,667
13	Gra	ints and si	to or for members (Part IX regiumn (A), lines 1-3)	·	0
14					
Expenses			er compensation, employee benefits (Part IX, column (A), lines 5-10)		75,859
ë 16			fundriaising fees (Part IX, Column (A), line 11e)	*********	<u> </u>
~			sing expenses (Part IX, column (D), line 25) 25,336.	** ** *** ****************************	4 2 2
17			ses (Part IX, column (A), lines 11a-11d, 11f-24e)		124,037
		-	es Add lines 13-17 (must equal Part IX, column (A), line 25)		199,896 120,771
19 - 8	Rev	venue less	expenses Subtract line 18 from line 12	Na -in -in -a 4 Current V	
Net Assets or Fund Balances	·		_	Beginning of Current Y	<u>End of Year</u> 139,745
ASSel de Bala 21			(Part X, line 16) s (Part X, line 26)		18,974
Net 22			fund balances Subtract line 21 from line 20		120,771
Part			e Block		120,771
			I declare that I have examined this return, including accompanying schedules and state	ments and to the hest	of my knowledge and helief it is
			e Declaration of preparer (other than officer) is based on all information of which prepar		/
,	10,0			1 7	125/2014
Sign		Signatur	re of Officer	Date	103/-011-
Here		MATT	LYEW SINGER, EXECUTIVE DIRECTOR		
			print name and title		
	Pr	int/Type pre	eparer's name Preparer's signature	Date Chec	k PTIN
Paid		EE LEE			P01294356
Prepare	<u> </u>	m's name	GARY MCGEE & CO. LLP	Firm's EIN	
Use Only			8 808 S.W. THIRD AVENUE, SUITE 700	1	
	´ '"	5 444165	PORTLAND, OR 97204	Phone no	(503) 222-2515
May the	e IRS	discuss th	is return with the preparer shown above? (see instructions)	11 110110 1101	Yes N

NONPARTISAN VOTER ENGAGEMENT WORK THROUGH LOCALLY DEVELOPED PLANS IN COLORADO, ILLINOIS, MONTANA, OREGON, AND WASHINGTON.	AFFILIA	TE P	ROGRAM	1 - L	EADERSH:	IP DEV	ELOPME	NT, I	SSUE	EDUCA	TION,	\mathtt{AND}	
COLORADO, ILLINOIS, MONTANA, OREGÓN, AND WASHINGTON.	NONPART	'ISAN	VOTER	R ENG	AGEMENT	WORK	THROUG	H LOC	ALLY	DEVEL	OPED	PLANS	IN
	COLORAD	Ю, I	LLINOI	S, M	, ANATNO	OREGO	N, AND	WASH	INGT	ON.			
													·
										·,, · · · ·			
													
Other program services (Describe in Schedule O)	Other areas		- a (Denembe	Cabaad	lula O)								

4e Total program service expenses ►

137,988.

Form **990** (2013)

Form 990 (2013) THE BUS FEDERATION CIVIC FUND
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	<u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			<i>.</i>
	as applicable.			7
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total]	1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 !!		 -
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ ———	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	١		.
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-10	 	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) THE BUS FEDERATION
Part IV | Checklist of Required Schedules (continued)

•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		x
h	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	ļ	
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		, %, .	
	instructions for applicable filing thresholds, conditions, and exceptions)	437 − 152 ∰ 47		.0c 13cm
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
21	contributions? If "Yes," complete Schedule M	30		Α_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ľ	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	}	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	L	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	l	57	[
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2012)

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Form 990 (2013)
Part V Sta Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check it Schedule O contains a response or note to any line in this Fart v			ᆜ
		0 001	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			. 1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		ارد ۱۰	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	40		لسنا
22	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,	1c		1.5 -1
Za	filed for the calendar year ending with or within the year covered by this return 2a 5		~ ~ * * *	
'n	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	ا شفاده 2 b	X	الاستعالا
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- -		<i>r</i> .
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►	r %,	\$45 V.	¥ '4
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	التعمد	التعنيدية	*
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	i (
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	i l		
	were not tax deductible?	6b	, ,	ļ. —,
7	Organizations that may receive deductible contributions under section 170(c).	67.20	لسعك	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	_	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	76 3000	7	* 1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	سنند	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting N/A	, ,,,-t., , ,,-t.,	in the	\$4/2.50 ;
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	33		
а	Did the organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter)¥. (i i in wi	
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			k #4
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	F-1 1	i de	
11	Section 501(c)(12) organizations. Enter	1 3		2
a	Gross income from members or shareholders N/A 11a		. 4	3
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4047(aV4) non-exempt charitable truste le the exemptation films Form 200 a less of Form 10442	النستا	لشدد	لنسخا
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a	, ·	, 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	A-1,2		50
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	<u> </u>	<u> </u>
-	Note. See the instructions for additional information the organization must report on Schedule O.	10a	Kara Kara	12000
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, × 4		
_	organization is licensed to issue qualified health plans	Service V		[· · ·]
С	Enter the amount of reserves on hand	1	ξι, ΄΄,	·
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	·_·	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		:`	Š.
	If there are material differences in voting rights among members of the governing body, or if the governing		28 12	¥
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		57.1 5.4557 14	in the second
b	Enter the number of voting members included in line 1a, above, who are independent	1	[3. × · ·	işt.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	T. 📆 .		Ø .
	officer, director, trustee, or key employee?	2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1	*	\$ 4c
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	70 W.		. X.6
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	I		
	ın Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	104.5		\$1.7 **
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 74		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		14	್ಷದೆ ಇರ
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		100	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1 1 Victory		- 3
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	.	
	SUSAN MATLACK JONES & ASSOCIATES - (503) 242-9360			
	212 N.W. SECOND AVENUE, SUITE 209, PORTLAND, OR 97209		_	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons

(A) Name and Title	(B) Average	(C) Position (do not check more		C) Ition) than	one	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)				ıs bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMBER GOODWIN DIRECTOR	2.00	x						0.	0.	_
(2) ERIC MARSHALL	2.00	^	<u> </u>		<u> </u>	├-		0.	0.	0
DIRECTOR	2.00	X				ļ		0.	0.	0
(3) LIBA RUBENSTEIN	2.00	^	-	-		├	├	0.		<u> </u>
DIRECTOR	2.00	X						0.	0.	0
(4) JEFFERSON SMITH	2.00	†==		\vdash	\vdash	\vdash	\vdash			 -
DIRECTOR	<u> </u>	x						0.	0.	0
(5) MARY MANUEL TOBIN	2.00					Г				-
CHAIR _		X		Х				0.	0.	0
(6) PATRICK SWEENEY	2.00									
TREASURER		X		Х				0.	0.	0
(7) TARA SULZEN	1.00]						_		
ASSISTANT TREASURER		Х	_	Х		L		0.	0.	0
(8) ALEXANDRA ACKER-LYONS	2.00								•	_
SECRETARY	40.00	X		Х	 	_	<u> </u>	0.	0.	0
(9) MATTHEW SINGER EXECUTIVE DIRECTOR	40.00	┨		x		İ		13,333.	0.	3,047
EXECUTIVE DIRECTOR			-	Λ	<u> </u>	├—	\vdash	13,333.	U •	3,047
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	Occion A. Omocio, Bircotoro, Trac	tees, ite, ziii	5.0,	-			9	<u> </u>	Joinpendated Employe	-	·
	(A)	(B)			(C Pos				(D)	(E)	(F)
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable compensation	Estimated amount of
		week					is bot or/trus		compensation	from related	other
		(list any	ecto			•			the	organizations	compensation
		hours for related	or dir	8]	ated	Ì	organization	(W-2/1099-MISC)	from the
		organizations	rustee	trust		 85	npens	1	(W-2/1099-MISC)		organization and related
		below	Individual trustee or director	Institutional trustee	 ₅₅	Key employee	Highest compensated employee	<u>a</u>			organizations
		line)	횰	Instit	Officer	Keye	E E	Former			
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			<u> </u>					L			
1b	Sub-total							▶	13,333.	0	
	Total from continuation sheets to Part V	II, Section A						P	12 222	0	
	Total (add lines 1b and 1c)			-			,	▶	13,333.	0	. 3,047.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	no r	received more than \$100	J,000 of reportable	C
	compensation from the organization				_						Yes No
3	Did the organization list any former officer,	director, or tri	uste	e. ke	ev er	olan	ovee	. or	highest compensated e	emplovee on	
	line 1a? If "Yes," complete Schedule J for s			-,	,		,,	, •.	g.,oot oon,pontation o		3 X
4	For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n an	d ot	ther compensation from	the organization	
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J	for such individual		4 X
5	Did any person listed on line 1a receive or							rela	ted organization or indiv	idual for services	المنافعة المناسبة
	rendered to the organization? If "Yes," com	plete Schedui	e J f	or s	uch	pers	son				5 X
	Complete this table for your five highest or		don						th at was a west as a weath as	\$100,000 of comme	
1	Complete this table for your five highest co the organization. Report compensation for									-	isauon nom
	(A)	trio calcindar y	Cui	Und	ing v	VICI 1	O1 ¥1	VICIII	(B)	year	(C)
	Name and business	address	N	INC	E				Description of	services	Compensation
									<u> </u>		· · · · · · · · · · · · · · · · · · ·
											
								i			
_								_			
2	Total number of independent contractors (ıncluding but r	not li	mite	d to	tho	se li	ste	d above) who received r	nore than	estate of the second
	\$100,000 of compensation from the organi	zation 🕨					0			\$ m. 10	andre was my fill again
											Form 990 (2013)

Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue Grants 1 a Federated campaigns 1a Gifts, Grant ilar Amount **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 320,469 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 198. 198. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less' cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a h d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 320,667**.** Form 990 (2013) 332009 10-29-13

9

Form 990 (2013) THE BUS FEDER. | Part | X | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oti	her organizations must c	omplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	-			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			CANCE STREET	Margary St. (15) A(R)
5	Compensation of current officers, directors,			B	Feet 7 . at 7
	trustees, and key employees	16,380.	8,496.	3,193.	4,691.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	49,539.	28,787.	9,097.	11,655.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,500.	1,602.	152.	746.
9	Other employee benefits				
10	Payroll taxes	7,440.	4,225.	1,386.	1,829.
11	Fees for services (non-employees):				
а	Management	4 140		4-44	
b	Legal	1,410.		1,410.	
	Accounting	4,215.		4,215.	<u> </u>
	Lobbying		. 2 1 8 4 . 20 1 . C + 41 - 52 Pag.		
e	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·	Part of the state		
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	15,115.	250.	14,865.	
12	Advertising and promotion	13,113.	250.	14,005.	
13	Office expenses	20,615.	19,767.	388.	460.
14	Information technology	201.	140.	61.	
15	Royalties				
16	Occupancy			- "	·-··
17	Travel	37,913.	30,701.	1,433.	5,779.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	· · ·			
23	Insurance	/		\$50500 O.L	Product Company of State Company of the Company of
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT FEES	43,500.	43,500.		
b	MISCELLANEOUS	1,068.	520.	372.	176.
С					
d					
	All other expenses	100 000	127 222	26 552	05.005
25	Total functional expenses. Add lines 1 through 24e	199,896.	137,988.	36,572.	25,336.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				
	10-29-13		<u> </u>	<u> </u>	Form 990 (2013)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 93,832. 0. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 19,000. 0. 3 3 Pledges and grants receivable, net σ. 25,797. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 1,116.0 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities, See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 ο. 139,745. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 0. 18,974. 17 Accounts payable and accrued expenses 17 18 Grants pavable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24) Complete Part X of Schedule D 25 18,974. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Ō. 119,296. Unrestricted net assets 27 0. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 120,771. 33 0. 33 Total net assets or fund balances 139,745. 0. Total liabilities and net assets/fund balances 34

Form	990 (2013) THE BUS FEDERATION CIVIC FUND	46-	-2465621	Pac	_{je} 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			67.
2	Total expenses (must equal Part IX, column (A), line 25)	2			96.
3	Revenue less expenses Subtract line 2 from line 1	3	120	7.	71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			-
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	120), 7°	71.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			317	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		` <u></u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	- 1 × 1 × 1	Marin Committee	10 000
	separate basis, consolidated basis, or both			- (
	Separate basis Consolidated basis Both consolidated and separate basis		Director (·	, ,
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs	i, (***)	· ·	
	consolidated basis, or both			2	
	Separate basis Consolidated basis Both consolidated and separate basis			4 Jan 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit	, Line	4	3 .
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C). ** **********************************	Sales .	} ~ ;
32	As a result of a federal award, was the organization required to undergo an audit or audite as set forth in the Si	nale Au	idit 174 di	, ~~ t	i

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

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3b

Form **990** (2013)

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► 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

WILL DISC MEDDDAMION OFFICE COMP

OMB No 1545-0047

Open to Public * Inspection

Employer identification number

			FEDERATION						4	0-2405	0021	
Part I	Reason	tor Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions				
The organ		•	because it is: (For lines	-	-	•	•					
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(ı)	٠.				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 📙	•		tal service organization (
4 📖	A medical res	search organization of	operated in conjunction	with a hos	spital desci	ribed in se	ction 170	(b)(1)(A)(ıı	ı). Enter i	the hospita	l's name	е,
	city, and stat											
5 📖			benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6	A federal, sta	te, or local governme	ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	-	•	eives a substantial part	of its supp	oort from a	governme	ental unit c	or from the	general	public desi	cribed in	1
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 📙	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contri	butions, m	nembershi	p fees, a	nd gross re	ceipts f	from
		•	nctions - subject to certa	•		•				-		
			axable income (less sec	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June	30, 197	5
		509(a)(2). (Complete	•									
10			perated exclusively to te								_	
11	_	= :	perated exclusively for the						•)r
	-		ations described in secti		•		2) See se c	ction 509(a)(3). Ch	eck the bo	x that	
		·· · · · · · · · · · · · · · · · · · ·	organization and compl		•				- 111 - 11-		W	
	a Type I		•	• •	inctionally	_				n-functiona		
e 📖			it the organization is not									ר
		J	han one or more publicl		3				3(a)(1) or	section 50	9(a)(2)	
f	-		ten determination from	the IRS th	atitisaiy	pe i, Type	i, or Type	e III				Г
_		rganization, check th		av auft ar a		fuene entre	of the fall					L
g	_		organization accepted a			•					Yes	No
			irectly controls, either alupported organization?	ione or tog	getrier with	persons c	sescribed	iri (ii) ariu (iii) Delow	, 11g(i)	165	NO
	_		n described in (i) above?	1						11g(ii)	+	
		•	person described in (i)		· 2					11g(iii	$\overline{}$	
h		=	about the supported or							[119(111	<u>/</u>	
"	1 Tovide the I	ollowing intormation	about the supported of	garlization	(5)							
(i) Nama	of ourported	/!!\ EIN	/iii) Type of organization	(iv) Is the (organization	(v) Did voi	u notify the	(vi) Is	the	(u!!) Amous	t of man	
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your			lorganizátio	on in col.	(vii) Amour	oport	etary
O, gc			above or IRC section		document?		r support?	(i) organız U.S	.?	30	Jport.	
			(see instructions))	Yes	No	Yes	No	Yes	No			
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Total		ni taik		>>> .	radice in g	وس ليه الله	i Jan	1,38				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 THE BUS FEDERATION CIVIC FUND 46-24656
| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	tion A. Public Support				-						
Cale	ndar 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	ĺ									
	include any "unusual grants ")					320,649.	320,649.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities				_						
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3					320,649.	320,649.				
5	The portion of total contributions	Mary All All All All All All All All All Al	经本工业 ,通	地名美国英格里	(X)(6)(4)	## KS					
	by each person (other than a										
	governmental unit or publicly	Estimation of the second									
	supported organization) included		South the sales	*C-1,55 (1)							
	on line 1 that exceeds 2% of the		n. S. S.	The state of the s		inga (a. 1941)					
	amount shown on line 11,		ista est		* *						
	column (f)		4.0				33,583.				
6	Public support. Subtract line 5 from line 4			Marshall Co	1. 中华美国		287,066.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
7	Amounts from line 4					320,649.	(f) Total 320,649.				
8	Gross income from interest,				,						
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources					198.	198.				
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)										
11	Total support. Add lines 7 through 10	*X-18/18/19/19	Side 1	THE REAL PROPERTY.	The Avenue	2.40	320,847.				
12	Gross receipts from related activities	, etc (see instructi	ons)			12					
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)					
	organization, check this box and stop						▶ X				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%				
15	Public support percentage from 2012	2 Schedule A, Part	II, line 14			15	%				
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and				
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶□				
b	33 1/3% support test - 2012. If the	organization did no	t check a box on l	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qualifies as a publicly supported organization										
17a	7a 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 organization										
b	b 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-circ						▶□				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	<u> </u>				
					Sche	dule A (Form 990	or 990-E7\ 2013				

Schedule A (Form 990 or 990 EZ) 2013 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

<u> </u>	qualify under the tests listed by	elow, please com	olete Part II.)				
	etion A. Public Support	(-) 0000	#N0040	1,0044	(-1) 0010	(-) 0040	(4) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ	l		1	1	
_	include any "unusual grants ")			 	 	 	
2	Gross receipts from admissions, merchandise sold or services per-			1			
	formed, or facilities furnished in			1			
	any activity that is related to the						
_	organization's tax-exempt purpose				 	 	
3	Gross receipts from activities that				1	ļ	
	are not an unrelated trade or bus-						
	iness under section 513			 	 	 	
4	Tax revenues levied for the organ-		ļ				
	ization's benefit and either paid to				•		
_	or expended on its behalf				 	 	
5	The value of services or facilities		l		ĺ		
	furnished by a governmental unit to					l	
	the organization without charge	·		<u> </u>			
	Total. Add lines 1 through 5			ļ.———	 	 	
78	Amounts included on lines 1, 2, and			1	1		
	3 received from disqualified persons			 	 	 	
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	Ì]				
	amount on line 13 for the year						
	Add lines 7a and 7b	: * * * * * * * * * * * * * * * * * * *	33,35	Service of the service of	J 25 24 15 2 28	1 100.00° \$1.00° \$4.00° #4.00°	
	Public support (Subtract line 7c from line 6.)		10 m	the second second	A British		
	ction B. Total Support	T			T	T	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6				-		
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					·	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	<u> </u>		ļ	<u> </u>	 	
	Add lines 10a and 10b	ļ. ———-		ļ	ļ.———	 	
11	Net income from unrelated business activities not included in line 10b.	i					
	whether or not the business is		1				
40	regularly carried on			ļ		ļ	
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)	 -	<u> </u>		<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12)	L	l	<u> </u>	<u> </u>		
14	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ırd, fourth, or fıfth 1	tax year as a sect	on 501(c)(3) organız	ation,
	check this box and stop here						
_	ction C. Computation of Pub						
	Public support percentage for 2013 (•	column (f))		15	<u>%</u>
_	Public support percentage from 201:				<u> </u>	16	<u>%</u>
Se	ction D. Computation of Inve	stment Incom	e Percentage)			.
17	17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))				17 %		
18	18 Investment income percentage from 2012 Schedule A, Part III, line 17					%	
19a	a 33 1/3% support tests - 2013. If the	e organization did i	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
ł	b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check t	this box and see i	nstructions	<u> </u>

Schedule A (Form 990 or 990 EZ) 2013 THE BUS FEDERATION CIVIC FUND 46-2465621 Page 4 Part IV 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) FORM 990, SCHEDULE A, PART II, SECTION A								
EXPLANATION: 2013 TAX YEAR IS A SHORT YEAR. THE ORGANIZATION INCORPORATED								
ON JANUARY 11, 2013.								

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection -

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Name of organization				Emp	Employer identification number		
THE BUS FEDERATION CIVIC FUND					46-2465621		
Part I-A	Complete if the org	or is a section 527	organization.				
	expenditures	ation's direct and indirect politic	cal campaign activities	s in Part IV	\$		
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).			
1 Enter the	amount of any excise tax	incurred by the organization und	der section 4955				
2 Enter the	e amount of any excise tax	incurred by organization manag	ers under section 495	5	\$		
3 If the org	janization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No		
	orrection made?				Yes No		
	describe in Part IV	anization is exempt und	lor costion 501/o	V avaant apption EA:	(6)(2)		
Part I-C							
		by the filing organization for se	•		\$		
		ization's funds contributed to of	ther organizations for s	section 527	Φ.		
•	unction activities	Add lines 1 and 2 Enter here a	and an Form 1100 DO		>		
line 17b	ampt function expenditures	Add lines I and 2 Enter here a	and on Form 1120-PO	∟,	¢		
	iling organization file Form	1120-POL for this year?			Yes No		
5 Enter the made pa	e names, addresses and er yments. For each organiza tions received that were pr	inployer identification number (El tion listed, enter the amount par comptly and directly delivered to additional space is needed, prov	d from the filing organ a separate political or	ization's funds. Also enter i ganization, such as a sepai	ich the filing organization the amount of political		
Political							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0		
				1			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

LHA

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 THE BUS FEDERATION CIVIC FUND 46-246562 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	(a)		(b)		
of the lobbying activity.			No	Amount			
1 a							
b	, , , , , , , , , , , , , , , , , , , ,						
С							
	Mailings to members, legislators, or the public?		ļ				
е	Publications, or published or broadcast statements?						
f	. 3						
g	, , , , , , , , , , , , , , , , , , , ,						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ				
i	Other activities?						
j	Total Add lines 1c through 1i	· chings	man Bus				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	12.72	2.00	14 2 4 3 4 3 K	SAME !		
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u></u> _	3/452	A1.25 i.		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ction			
		·		Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?		1				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), sect		3				
,	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is		
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical	1,775				
	expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
þ	Carryover from last year		2b				
С	Total		2c	_			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess	· ·				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political					
	expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				
Pai	t IV Supplemental Information						
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou , complete this part for any additional information	p list); Part I	I-A, line 2; a	nd Part II-B	i, line 1.		
	•						
					 		
		-w					

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.

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

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE BUS FEDERATION CIVIC FUND

Employer identification number 46-2465621

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE BUS FEDERATION IS ADVANCING A NEW ERA OF DEMOCRACY THAT IS LOCALLY WE ENVISION A SOCIETY WHERE YOUNG VOTERS LED AND PUBLICLY ENGAGED. COME OUT TO THE POLLS IN NUMBERS THAT ACTUALLY SHAPE THE PUBLIC DISCOURSE, AND AN ELECTORAL SYSTEM THAT ENCOURAGES RATHER THAN DISCOURAGES ALL PEOPLE TO BE ACTIVE AND ENGAGED PARTICIPANTS. WE CREATE A CULTURE WHERE WE PASS PUBLIC POLICY AND ERUPT INTO DANCE THE BUS FEDERATION FUELS A LOCALLY LED MOVEMENT FOR NEXT PARTIES. GENERATION HANDS-ON DEMOCRACY.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE ORGANIZATION HAS TWO CLASSES OF AFFILIATES (MEMBERS): FULL AFFILIATE AND ASSOCIATE AFFILIATE, EACH CLASS WITH RIGHTS, PRIVILEGES AND OBLIGATIONS SET FORTH IN THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: FULL AFFILIATES HAVE THE AUTHORITY TO APPOINT MEMBERS OF THE GOVERNING BODY BY MAJORITY VOTE. ANY DIRECTOR ELECTED OR APPOINTED TO THE BOARD OF DIRECTORS MAY BE REMOVED AT ANY TIME BY EITHER (I) THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE NUMBER OF MEMBERS OF THE BOARD OF DIRECTORS THEN SERVING OR (II) ADOPTION OF RESOLUTIONS BY THE GOVERNING BODIES OF FULL AFFILIATES REPRESENTING A MAJORITY OF THE NUMBER OF THE ORGANIZATIONS WITH FULL AFFILIATE STATUS AT THE TIME OF SUCH ADOPTION.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: THE BYLAWS MAY BE AMENDED OR REPEALED ONLY UPON (I) RESOLUTION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

THE BUS FEDERATION CIVIC FUND	46-2465621
ADOPTED BY A MAJORITY OF THE BOARD OF DIRECTORS PRESENT A	T ANY REGULAR OR
SPECIAL MEETING, FOLLOWED BY (II) APPROVAL OF SUCH RESOLU	TION BY A MAJORITY
OF THE ORGANIZATIONS WITH FULL AFFILIATE STATUS AS OF THE	DATE THE
RESOLUTION IS SUBMITTED FOR SUCH APPROVAL.	
FORM 990, PART VI, SECTION A, LINE 8B:	
EXPLANATION: THERE ARE NO COMMITTEES WITH THE AUTHORITY T	O ACT ON BEHALF OF
THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE FORM 990 IS PREPARED BY AN EXTERNAL CPA	FIRM AND IS
REVIEWED BY THE PRESIDENT PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING	DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVA	ILABLE TO THE
PUBLIC.	-
-	

Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

 \mathbf{x}

If you	u are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form)	•	
	complete Part II unless you have already been granted					
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need :	a 3-month automatic extension of tir	ne to file (6 months for a co	rporation
	d to file Form 990·T), or an additional (not automatic) 3·mo					
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	f Form 8870, Information Return for	Transfers .	Associated With	Certain
Persona	al Benefit Contracts, which must be sent to the IRS in par	oer format	(see instructions) For more details	on the elec	ctronic filing of th	is form,
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part.					····	
A corpo	oration required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete		
Part I or	· ·					
	r corporations (including 1120-C filers), partnerships, REM	1ICs, and t	trusts must use Form 7004 to reques	t an exter	nsion of time	
to file income tax returns.					<u>er's identifying n</u>	
Type or	ype or Name of exempt organization or other filer, see instructions.			Employe	r identification nu	mber (EIN) or
print						
F.I. b. 4b.	BUS FEDERATION CIVIC FUND		<u> </u>	46-2465621		
File by the due date f		ee instruc	etions.	Social security number (SSN)		
filing your return See	our 333 S.E. SECOND AVENUE					
instruction		oreign add	dress, see instructions.			
	PORTLAND, OR 97214					
Enter th	e Return code for the return that this application is for (file	e a separa	ite application for each return)			0 1
Applica	ition	Return	Application			Return
Is For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	JONATHAN PAIK	•				
• The I	books are in the care of > 333 S.E. SECONI	D AVE	NUE - PORTLAND, OR	9721	4	
	phone No. ► (714) 853-3175		Fax No. ▶			
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			
	s is for a Group Return, enter the organization's four digit			f this is fo	r the whole group	, check this
box 🕨	If it is for part of the group, check this box	1				
	request an automatic 3-month (6 months for a corporation					
•	AUGUST 15, 2014 , to file the exemp				The extension	
 IS	for the organization's return for.	J	Q			
•						
_	X tax year beginning JAN 11, 2013	. an	d ending DEC 31, 2013			
		,				
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on. X Initial return	Fınal retur	'n	
L		~= 6060	enter the tentative tay loop ony		<u> </u>	
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				.	0.
_	nonrefundable credits See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			3a	\$	
	• •				_	0
	estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$			Φ	0.	
	alance due. Subtract line 3b from line 3a. Include your pa					^
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution	n. If you are going to make an electronic funds withdrawal	(direct de	DIT) WITH THIS FORM 8868, See FORM 8	4oo∙⊨U ai	na ⊦orm 88/9-EO	ior payment

instructions