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### **Return of Organization Exempt From Income Tax**

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

OMB No 1545 0047 2009

Department of the Treasury

Inter	nal Reve	nue Service		► The organization may have	re to use a c	opy of this retur	n to satisty state repor	ting requiren	nents	Open	to Public ins	pection
	For the	e 2009 calendar	year,	or tax year beginning			, 2009, and endir	ng		,		
В	Check if	applicable		C					D Emplo	yer Identifica	ation Number	
	Add	fress change   Plea	ase use S label	IDACORP EMPLOY	EE COM	MUNITY S	ERVICES		82-	044488	35	
	Nar	me change or	r print r type	FUND, INC					E Teleph	one number	<del></del>	
	$\vdash$	-	See ecific	P.O. BOX 70					(20	8) 388	3-3413	
	$\vdash$	l in	struc-	BOISE, ID 8370	7				(20	0, 500	3113	
	$\vdash$	ended return							G Gross	accente C	362	968.
	$\vdash$		Name :	and address of principal officer				H(a) Is this	a group retu			X No
		,		AS C ABOVE					affiliates inc		Yes	No No
	Tav	exempt status			no.)	4947(a)(	1) or 527	If 'No,'	attach a list	(see instruc		□
<u>,                                     </u>		site: N/A	<u> </u>	(c) (J) ) (illself	110 )	4347(a)(	1) 01   527					
K			Corpora	ation Trust Associa	. 🗀		1	H(c) Group			TD	
_	rt I		Corpora	ation Trust Associa	tion   Ot	ther P	L Year of Forma	tion ZUU.	Z   IVI :	State of lega	I domicile ID	
Г		Summary	bo or	nonization's mission or s		fromt natural	an MO ACCTC	m TDXII	O DOUT	n com	77.177	
				ganization's mission or n							PANY	
o C				MAKING CONTRIBUT							NDENT II	
Ē				DING, AND HEALT RIBUTIONS IN OF								
Š		Check this box		if the organization disco							PROGRAM	15
Ğ				bers of the governing be			or dioposod or inc	5.6 (	070 01 113	3		10
9	4 1	Number of indep	ender	nt voting members of the	governin	g body (Part	VI, line 1b)			4		0
ij				yees (Part V, line 2a)						5		0
Activities & Governance				eers (estimate if necess						6		0
•		~		ousiness revenue from P	•		ne 12			7a		0.
	Di	Net unrelated bu	siness	s taxable income from Fo	3rm 990-1	, line 34				7Ь		0.
)								Р	rior Year		Current Yo	
ē				its (Part VIII, line 1h)					157,6	24.	362,	968.
Revenue		-		ue (Part VIII, line 2g)	. 2 4	J 7.5						
æ				art VIII, column (A), lines III, column (A), lines 5, 6			۵)					
				nes 8 through 11 (must					157,6	524	362	968.
				ounts paid (Part IX, colu			11 (A), line 12,		137,3			104.
				members (Part IX, colur					137,	-		, 101.
				nsation, employee benef			1) lines 5,10)					
ses			-	ng fees (Part IX, column	-	•	i), iiiica 5-10)					
Expenses	Ī			-	• • •	•						
鲎	l.	_		nses (Part IX, column (D				.				
	17 (	Other expenses	(Part I	IX, column (A), lines 11a	1-11d, 11f	-24f)				742.		<u>,039.</u>
	18	Total expenses	Add II	IX, column (A), lines 11a nes 13-17 (must equal F s  Subtract line 18 from	art X <del>, co</del>	╙┸┸	K/En		140,3	-		,143.
		Revenue less exi	pense	s Subtract line 18 from	line 12	RECE	IVED	_	17,4	199.	-22,	<u>,175.</u>
Not Assets or Fund Balancos					14[	_	လွှ	Begir	ning of \		End of Ye	ar
9 a a	20 1	Total assets (Par			9	NOV 1	9 2010		62,2	249.	40,	<u>,074.</u>
2 E	21 7	Total liabilities (F	Part X	, line 26)	亚	110	- SE SE			0.		<u>0.</u>
				ances Subtract line 21 f	rom line 2	SARE	NI IIT		62,2	249.	40,	,074.
Pa	rt II	Signature	Bloc	<u>ck</u>		UUUL	IV, UL					
		Under penalties of particles, correct, and co	perjury,	I declare that I have examined to Declaration of preparer (other to	his return, inchan officer) i	cluding accompa	nying schedules and sta	tements, and	to the best	of my knowle	edge and belief, i	t is
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Siç He	yn Ta	X ay	la	in ten	sen		<del></del>			15 <u>/ /(</u>	<u> </u>	
пе	re	Signature of of		( )				Da		•		
		BARB JE						PRES	IDENT			
		Type or print na	ame and	u uue			12 -			15		
D-	:4						Date		heck if elf-	(see i	irer's identifying i nstructions)	number
Pa Pro		Preparer's signature	CDT	e noceinee					nployed P			
	rer's	<u> </u>	SEL	F-PREPARED								
Us		Firm's name (or yours if self-										
Or	ıly	employed), address, and						E	N P			
		ZIP + 4						Pi	hone no			
				with the preparer shown							Yes	No
BA	A For	Privacy Act and	Paper	rwork Reduction Act No	tice, see t	the separate	instructions.		TEEA0113	12/29/09	Form <b>99</b> 0	(2009)

Form 990 (2009) IDACORP EMPLOYEE COMMUNITY SERVICES	82-0444885	Page 2
Part III Statement of Program Service Accomplishments		
Briefly describe the organization's mission     SEE SCHEDULE 0		
SEE SCHEDULE O		<b>-</b>
	·	
2 Did the organization undertake any significant program services during the year which were not listed	on the prior	
Form 990 or 990-EZ?	Yes X	No
If 'Yes,' describe these new services on Schedule O		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program If 'Yes,' describe these changes on Schedule O	services? Yes X	No
Describe the exempt purpose achievements for each of the organization's three largest program serviand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants expenses, and revenue, if any, for each program service reported	ces by expenses Section 50 and allocations to others, the	1 (c) (3) total
4a (Code) (Expenses \$ 385,143. including grants of \$ 383,104.)  TO ASSIST IDAHO POWER COMPANY EMPLOYEES IN MAKING CONTRIBUTIONS OF CHARITABLE, CHARACTER-BUILDING, AND HEALTH AND WELFARE ORGANIZATIONS DEPENDENT UPON VOLUNTARY CONTRIBUTIONS IN ORDER TO CARRY OUT THE CHARITABLE PROGRAMS AND WHICH QUALIFY AS EXEMPT ORGANIZATIONS PURPOVISIONS OF 501 (C) (3) OF THE INTERNAL REVENUE CODE.	ON AN ORGANIZED BAS ZATIONS WHICH ARE IR SPECIFIC RSUANT TO THE	968.) SIS
<b>4b</b> (Code) (Expenses \$ including grants of \$)	(Revenue \$	)
,		
4c (Code) (Expenses \$ including grants of \$)	(Revenue \$	)
Ad Other program agrees (December 2011110)		
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue )	<b>\$</b> \	
4e Total program service expenses ► 385,143.	<del>Y</del> )	

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	_5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		_X_
	Did the organization report an amount in Part X, line 21, 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	'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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			1
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			1
	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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX			1
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			į
	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? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12 /	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
t	DIDID DID DID THE OF STATE OF THE OF STATE OF ST	14b		<u>X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>	15		<u>X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) IDACORP EMPLOYEE COMMUNITY SERVICES

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and 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_		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		X
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X_
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	1	X
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	-	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Χ_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
DA.				(2000)

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Form **990** (2009)

	Statements regarding other into rinings and rax compliance			
			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable.			
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b.			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	}	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	ľ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b		
	<b>a</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)?	4a		Х
	b If 'Yes,' enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		_	
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		ĺ	
	<b>a</b> 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		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	·			
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			- <u>.</u> -
a	Sponsoring organizations maintaining donor advised funds.	8		X
	a Did the organization make any taxable distributions under section 4966?	9a		X
	<b>b</b> Did the organization make any taxable distributions under section 4500°	9b		X
	Section 501(c)(7) organizations. Enter	75		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
	Section 501(c)(12) organizations. Enter	-		
	a Gross income from other members or shareholders.			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

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.

Sec	tion A.	Governing Body and Management				
					Yes	No
1 a	Enter the	number of voting members of the governing body	1a 10			,
b	Enter the	number of voting members that are independent	1 b			
2	Did any o officer, d	fficer, director, trustee, or key employee have a family relationship or a business rector, trustee or key employee?	relationship with any other	2	-	_x
3	Did the o	ganization delegate control over management duties customarily performed by or ,, directors or trustees, or key employees to a management company or other per	under the direct supervision son?	3		Х
4	Did the o	ganization make any significant changes to its organizational documents		4		X
	since the	prior Form 990 was filed?				
5	Did the o	ganization become aware during the year of a material diversion of the organizati	on's assets?	5_		X
6	Does the	organization have members or stockholders?		6		X
	governing			7a		Χ_
t	Are any o	ecisions of the governing body subject to approval by members, stockholders, or	other persons?	7b		X
8	Did the o	ganization contemporaneously document the meetings held or written actions und ing	dertaken during the year by			
а	The gove	rning body?		8a		Χ
b	Each con	mittee with authority to act on behalf of the governing body?		8b		X
	organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who con's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9		X
Sec	tion B.	Policies (This Section B requests information about policies not	required by the Internal	1		
Reve	enue Code	)		<del></del>		
10 -	<b>5</b>				Yes	No
		organization have local chapters, branches, or affiliates?		10a	Х	
	and bran	oes the organization have written policies and procedures governing the activities thes to ensure their operations are consistent with those of the organization?	•	10 ь	Х	
		rganization provided a copy of this Form 990 to all members of its governing body	-	11	Х	
		In Schedule O the process, if any, used by the organization to review this Form 99	O SEE SCHEDULE O			
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u>
	to conflic		J	12b		
C	Schedule	organization regularly and consistently monitor and enforce compliance with the $\wp$ $O$ how this is done	olicy? If 'Yes,' describe in	12c		
13	Does the	organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?		14	Х	
15	Did the p persons,	ocess for determining compensation of the following persons include a review ancomparability data, and contemporaneous substantiation of the deliberation and d	d approval by independent ecision?			!
а	The orga	nization's CEO, Executive Director, or top management official		15a		_X_
b		cers of key employees of the organization		15 b		<u> X</u>
		line 15a or 15b, describe the process in Schedule O (See instructions)				
16 a	Did the o entity dur	ganization invest in, contribute assets to, or participate in a joint venture or similaring the year?	or arrangement with a taxable	16a	- =	X
b	in joint ve	as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safegual h respect to such arrangements?	on to evaluate its participation d the organization's exempt	16b	-1	
Sec	tion C.	Disclosures				
		ates with which a copy of this Form 990 is required to be filed NONE				
18	inspectio	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, in Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) a	vaılabl	e for p	public
	ш	website Another's website X Upon request				
	statemen	in Schedule O whether (and if so, how) the organization makes its governing doci is available to the public SEE SCHEDULE O		-		ancial
		name, physical address, and telephone number of the person who possesses the E MATTHEWS 1221 W IDAHO STREET BOISE ID 83702 (208		anızatı 	on -	

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

### 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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	I I				(D)	(E)	(F)		
Name and Title	Average hours per week or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
TOM BEHM										
DIRECTOR	0	X					<u>.</u>	0.	0.	0.
RIC BOBIER										
DIRECTOR	0	Х						0.	0.	0.
FRANK B PFEIFFER		1								
DIRECTOR	0	X						0.	0.	0.
TERRI FRY										
DIRECTOR	0	X						0.	0.	0.
LISA GROW										
EXECUTIVE DIREC	7 0	Х			!			0.	0.	0.
LIZ HAUGEE										
EXECUTIVE DIREC	<b>1</b> 0	Х						0.	0.	0.
BARB JENSEN										
PRESIDENT	T 0			Х				0.	0.	0.
JULIE WESTON										
TREASURER	T 0			Х				0.	0.	0.
TONJA PHETMISAY										
SECRETARY	T 0			Х				0.	0.	0.
ROD MCGEHEE									· · · · · ·	
VICE PRESIDENT	0			Х			1	0.	0.	0.
									-	
		_			- "		-			
										<del>.</del>
	<del>                                     </del>		<del>                                     </del>	_			<del>                                     </del>			

(A) Name and Tide    Apartage   Product (Acts all that apply)	Part VII Section A. Officers, Directors, Trus					уе	es,	and	Highest Con	npensated Em			<u>age เ</u> าt.)
The Total  Total number of individuals (including but not limited to those Islated above) who received more than \$100,000 in reportable compensation from the organization ≥ 0.  To any individual steed on line Is a receive or accuracy compensation from the organization of the organizat	(A)	1 ' '							(E)		(F)		
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   Vestion to the compensation and other compensation from the organization in la is, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule I for such individual is to the organization and related organizations greater than \$150,000? If Yes' complete Schedule I for such individual is to the organizations greater than \$150,000? If Yes' complete Schedule I for such individual is to the organization for the such individual is the organizations greater than \$150,000? If Yes' complete Schedule I for such individual is the organization for the organization from the organization for the organiza	Name and Title			T					compensation from the organization	compensation from	amo con f org ar	unt of oth opensation om the panization of related	ner on n d
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rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  (B)  Description of Services  Compensation	the organization and related organizations greater t	han \$15	50,00	002	If 'Y	'es'	com	plete	e Schedule J for	such	4	-	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  Description of Services  (C)  Compensation	rendered to the organization? If 'Yes,' complete Sci	ompens hedule	satio <i>J for</i>	n fro	om a h pe	any erso	unre n	elate	d organization fo	r services	5	-	X
Compensation from the organization  (A)  Name and business address  Description of Services  Compensation	Section B. Independent Contractors  1. Complete this table for your five bighest compensation.	ed inde	nen	lent	COL	ntrac	tors	tha	t received more t	han \$100,000 of			
Name and business address Description of Services Compensation	compensation from the organization							, tila		·			-
							Description (	of Services	Compe	C) ensatio	n		
								-					
2 Total number of independent contractors (including but not limited to those listed above) who received more than	2 Total number of independent contractors (including	but not	limi	ted	to H	1056	lict	ed a	hove) who receiv	ed more than			

Pa	t VIII Statement of Revenue				
,		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a Federated campaigns 1a				'
AN	<b>b</b> Membership dues 1 <b>b</b>				1
20	c Fundraising events 1c				
FTS	d Related organizations 1 d				
2,5	e Government grants (contributions) 1 e				
SIN					
ĘĦ	f All other contributions, gifts, grants, and similar amounts not included above 1f 362, 968.				·
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	——————————————————————————————————————				ļ
N ON	g Noncash contribus included in lns 1a-1f \$				
	h Total. Add lines 1a-1f	362,968.			
PROGRAM SERVICE REVENUE	Business Code				
EVE	2a	<del></del>			
ä	b				
Š	c				
SEF	d				
ΑW	e				
20	f All other program service revenue				
- A	g Total. Add lines 2a-2f ▶				
	3 Investment income (including dividends, interest and				
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties				
	(i) Real (ii) Personal		_		
	6a Gross Rents				
	<b>b</b> Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)		-	-	
Ä	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c)				
RE	See Part IV, line 18				
뜊	b Less direct expenses b				
6	c Net income or (loss) from fundraising events			-	
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b	•			
	c Net income or (loss) from gaming activities		~	_	
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory			•	
	Miscellaneous Revenue Business Code				
			<del>]</del> -	-	~
	11a				
	<u></u>	_			
	d All other revenue				
	d All other revenue		<del> </del>		
	C Total: Add lines TTa-TTa	362.062			
	12 Total revenue. See instructions	362,968.	0.	0.	0.

Part IX | Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1 6b, .	not include amounts reported on lines 7b, 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 U.S. See Part IV, line 21	383,104.	383,104.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.;	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				·
	Payroll taxes.				
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees			· -	
-	Other				
	Advertising and promotion			<del></del>	
14	Office expenses. Information technology			<del></del>	<del>.</del>
	Royalties				<del> </del>
	Occupancy	-			<del> </del>
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings			_	
	Payments to affiliates				<u> </u>
	Depreciation, depletion, and amortization				
	Insurance.				
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		_		
а	BANK CHARGES	1,838.	1,838.		
t	SUPPLIES	201.	201.		
c					
c					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	385,143.	385,143.	0.	0.
26	Joint costs. Check here  ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing		62,249.	1	40,074.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trustees, key employees, II of Schedule L		5	
	6	Receivables from other disqualified persons (as define			_	
		and persons described in section 4958(c)(3)(B) Comp	````		6	
A	7	Notes and loans receivable, net		<del></del>	7	
A S S E T S	8	Inventories for sale or use	i		8	
	9				9	
	_	Land, buildings, and equipment cost or other basis	10a		<del>-</del>	
	104	Complete Part VI of Schedule D	104			
		Less. accumulated depreciation.	10b		10 c	
		Investments — publicly-traded securities	100	<del></del>	11	
	12	Investments – publicly-traded securities  Investments – other securities See Part IV, line 11			12	
	13	Investments – other securities See Fart IV, line 11	,		13	<u> </u>
		Intangible assets			14	
	14	3				
	15	Other assets See Part IV, line 11	24)	62 240	15	40 074
	16	Total assets Add lines 1 through 15 (must equal line	34)	62,249.	16	40,074.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
L	19	Deferred revenue			19	
Ā	20	Tax-exempt bond liabilities.	V -4 Cabadala B		20	
A B	21	Escrow or custodial account liability Complete Part I			21_	
L I T	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees, key employees, sons Complete Part II			
E S		of Schedule L		<del></del>	22	
S	23	Secured mortgages and notes payable to unrelated the			23_	
	24		parties		24	
	25	Other liabilities Complete Part X of Schedule D			25_	
	26	Total liabilities. Add lines 17 through 25		0.	26_	0.
N E T		Organizations that follow SFAS 117, check here	and complete lines			
_		27 through 29 and lines 33 and 34.				
ĄSSE	27	Unrestricted net assets			27_	
1	28	Temporarily restricted net assets	,		28_	
Ś	29	Permanently restricted net assets			29_	·
R	1	Organizations that do not follow SFAS 117, check he	re ► X and complete			
ドンズロ		lines 30 through 34.				
Ď	30	Capital stock or trust principal, or current funds			30_	
B A L	31	Paid-in or capital surplus, or land, building, and equip		<del></del>	31	
Ä	32	Retained earnings, endowment, accumulated income,	or other funds	62,249.	32_	40,074.
Č	33	Total net assets or fund balances		62,249.	33_	40,074.
<u>\$</u>	34 A	Total liabilities and net assets/fund balances.	· · · ·	62,249.	34	40,074. Form <b>990</b> (2009)

TEEA0111L 01/30/10

Form 990 (2009) IDACORP EMPLOYEE COMMUNITY SERVICES 82-	0444885	Pa	ige <b>12</b>
Part XI Financial Statements and Reporting			
		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 $\overline{X}$ Cash $\overline{\Box}$ Accrual $\overline{\Box}$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2 b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu consolidated basis, separate basis, or both	ied on a		,

Consolidated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**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

Both consolidated and separate basis

BAA

Separate basis

Form 990 (2009)

За

3b

Х

### 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.

OMB No 1545 0047 2009

2005

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name	of the			COMMUNITY SERVIC	ES				Employe	r ıdentifica	tion number
			, INC							44488	
Par				s (All organizations					See ı	nstruct	ions
	rga			ise it is (For lines 1 thro			•	•			
1	Н			ociation of churches des		sectio	n 170(b)	(1)(A)(i)			
2	Ш		• • • • • •	A)(ii). (Attach Schedule	•						
3	Ц			e organization described							
4		,		d in conjunction with a h	nospital (	describe	d in <b>sec</b>	ction 17	0(b)(1)(A	A)(iii) E	nter the hospital's
_	_	name, city, and sta		- <del>-</del>	. <b></b> .	<b>-</b>	-,-,-				
5		<b>170(b)(1)(A)(iv).</b> ((	Complete Part II)	of a college or university			-	•	rnmenta	l unit de	scribed in <b>section</b>
6 7		An organization the in section 170(b)(1	at normally receives a <b>XAXvi).</b> (Complete P	•	upport fr	om a go			t or from	n the gei	neral public described
8	X			1 <b>70(b)(1)(A)(vi).</b> (Comple		-					
9		from activities relate investment income	ed to its exempt function	more than 33-1/3 % of its is – subject to certain excess taxable income (less omplete Part III)	eptions.	and (2) r	o more	than 33-	1/3 % of	its suppl	ort from aross
10	Ш	An organization or	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).		
11	Ш	more publicly supp	orted organizations o	exclusively for the bene lescribed in section 509( zation and complete lines	a)(1) or	section	509(a)(2	ctions ( 2) See	of, or ca section	rry out tl <b>509(a)(</b> 3	he purposes of one or Check the box that
	_	a Type I	<b>b</b> Type II	c Type II	I — Fund	ctionally	ıntegra	ted		d 🗌	Type III- Other
е		By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led dired upported	ctly or ind d organi	idirectly zations	by one describi	or more ed in sec	disqual ction 509	ified persons other 9(a)(1) or section
f		If the organization check this box	received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organization,
g		Since August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons	37
											Yes No
		below, the go	overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (III)	11 g (i)
		• •	nber of a person desc	**							11 g (ii)
			- '	described in (i) or (ii) a							11 g (iii)
h		Provide the followi	ng information about t	he supported organization	ons		··		ı —————		
	(i	) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your erning ment?	the organ	ou notify ization in (i) of ipport?	(vi) I organizat (i) organi U S	ion in col	(vii) Amount of Support
		<del></del>			Yes	No	Yes	No	Yes	No	
					-					-	<del></del>
											<del> </del>
								,			
						_	-	_			
				· · · · · · · · · · · · · · · · · · ·	-		-		-		
Total									;		

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

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.)

Sec	tion A. Public Support	od the box off line	<u>0, ,, o, o o, , a, ,</u>	<del>.,</del>				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	156,289.	147,515.	146,931.	157,624.	362,9	68.	971,327.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							0.
4	Total. Add lines 1-through 3	156,289.	147,515.	146,931.	157,624.	362,9	68.	971,327.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0.
	Public support. Subtract line 5 from line 4							971,327.
Sec	tion B. Total Support		···					
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200		(f) Total
7	Amounts from line 4	156,289.	147,515.	146,931.	157,624.	362 <u>,</u> 9	68.	971,327.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	84.	108.	128.				320.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0.
11	Total support. Add lines 7 through 10							971,647.
12	Gross receipts from related activ	rities, etc (see ins	tructions)				12	0.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth,	or fifth tax year as	a section 5	501(c)(	(3)
	tion C. Computation of Pu				·	<del></del> -		100.04
15	Public support percentage for 20 Public support percentage from		•	e II, column (f)			14 15	100.0%
16 <i>a</i>	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box	on line 13, and	the line 14 is 33	1/3 % or m	ore, cl	neck this box ► X
t	33-1/3 support test – 2008. If the and stop here. The organization	e organization did	not check a box of	on line 13, or 16a	a, and line 15 is 33	3-1/3% or m	iore, c	_
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this	box and stop her	e. Explain ii	n Part	IV how
	10%-facts-and-circumstances to organization meets the 'facts-an	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain II rted organiz	n Part atıon	IV how the ►
	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a				
RΔΔ					20	BECHIE A (F	orm 🔍	90 or 990-F <i>7</i> 1 2009

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

C							
<u>sec</u>	tion A. Public Support						
	ndar year (or fiscal yr beginning in)►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
p	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)	<del>-</del> "					ı
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6		,		\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.		
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.						
b	Unrelated business taxable			<del></del>			
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 and lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is						
11 12 13	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in	is for the organization here	ation's first, secon	nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
11 12 13 14 Sec	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here blic Support P	ercentage			······································	
11 12 13 14 Sec 15	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here blic Support P 009 (line 8, columi	ercentage n (f) divided by lir			15	%
11 12 13 14 Sec 15 16	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add lins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20.	blic Support P 009 (line 8, columi 2008 Schedule A,	Percentage n (f) divided by lir Part III, line 15	ne 13, column (f)		······································	
11 12 13 14 Sec 15 16 Sec	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and action C. Computation of Pullic support percentage from taxets.	stop here blic Support P 099 (line 8, columi 2008 Schedule A, restment Incor	ercentage n (f) divided by lir Part III, line 15 ne Percentage	ne 13, column (f)	)	15 16	% %
11 12 13 14 Sec 15 16 Sec 17	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and action C. Computation of Pulpublic support percentage from the computation of Investment income percentage from the computation of Investment in the computation of Investment in the computation of Investment in the computation of In	blic Support P 009 (line 8, columi 2008 Schedule A, restment Incor or 2009 (line 10c,	ercentage  n (f) divided by lir  Part III, line 15  me Percentage  column (f) divide	ne 13, column (f)	)	15 16	% %
11 12 13 14 Sec 15 16 Sec 17 18	Income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and the support percentage for 20. Public support percentage from the support income percentage for Investment income percentage for the support percentage for	blic Support P 009 (line 8, columi 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedu	Percentage  n (f) divided by lin  Part III, line 15  me Percentage  column (f) divide  le A, Part III, line	ne 13, column (f), e d by line 13, colu	ımn (f)).	15 16 17 18	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and action C. Computation of Pupulic support percentage for 20. Public support percentage from Investment income percentage for a 33-1/3 support tests — 2009. If the amore than 33-1/3%, check this box and a 33-1/3%.	blic Support P 09 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedu organization did not loox and stop here	rercentage  n (f) divided by ling Part III, line 15  me Percentage column (f) divided le A, Part III, line check the box on the organization	ne 13, column (f), d by line 13, colu 17 line 14, and line 15 n qualifies as a p	umn (f)). Is more than 33-1/3 ublicly supported (	15 16 17 18 %, and line 17 is no organization	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (add lins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pu. Public support percentage from the support tests — 2009. If the support tests — 2009,	blic Support P 099 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedu organization did not oox and stop here the organization did	rercentage  In (f) divided by ling Part III, line 15  IN Percentage column (f) divided le A, Part III, line check the box on the organization d not check a box	ne 13, column (f);  d by line 13, column 17 line 14, and line 15 n qualifies as a p	umn (f)).  Is more than 33-1/3  ublicly supported of the control o	15 16 17 18 %, and line 17 is no organization nore than 33-1/3%	% % % %

Schedule A	(Form	990 or	990-E	Z) 2009	IDAC	ORP_I	EMPLO	YEE	COMM	UNIT	Y SE	RVICE	ES	82	2-044	4885		Page 4
Part IV.	<b>Supp</b> Part I	lemer II, line	ital In 17a	or 17b	<b>tion.</b> Co ; and Pa	mple art III,	te this line	part I2. Pi	to pro	ovide any	the e	explana addıtı	ations onal i	require nforma	ed by I tion. S	Part II, See ins	line 10 truction	); 1s
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															. – – –			
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									<b></b>									

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

2009

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Attach to Form 990. ► See see Name of the organization

Employer Identification number

	ACORP EMPLOYEE COMMUNITY SERVI ND, INC	CES		82-0444885	
Par	t   Organizations Maintaining Dono	r Advised Funds or Other Sir	nilar Funds or A		e if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.			
		(a) Donor advised funds		(b) Funds and other ac	counts
1	Total number at end of year		1		
2	Aggregate contributions to (during year)		2,968.		
3	Aggregate grants from (during year)		3,104.	- <u>-</u>	
4	Aggregate value at end of year	4	0,074.		
5	Did the organization inform all donors and dor funds are the organization's property, subject			rised X Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor ad	t grant funds may by visor or for any other	oe er X <b>Yes</b>	∏No
Pai	t II Conservation Easements Comple		ed 'Yes' to Forn		
1				;	
•	Preservation of land for public use (e g , r		• •	torically important land	d area
	Protection of natural habitat	<u>-</u>	eservation of certifie	• •	
	Preservation of open space	Ĺ.·.	,55,74,15,75,75,75,75,75,75	Ta thistoria stratara	
2		on held a qualified conservation con	tribution in the form	n of a conservation eas	sement on the
				Held at the End	of the Year
á	Total number of conservation easements		2a	<u> </u>	
ŀ	Total acreage restricted by conservation ease	ments	21	)	
•	Number of conservation easements on a certi	fied historic structure included in (a)	_ 20	<u></u>	
•	Number of conservation easements included i	n (c) acquired after 8/17/06	_20	<u></u>	
3	Number of conservation easements modified,	transferred, released, extinguished,	or terminated by th	ie organization during	the tax
	year ▶				
4	Number of states where property subject to co	onservatión easement is located 🟲 _			
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, ins	pection, handling of		Пма
6	Staff and volunteer hours devoted to monitoring the year		vation easements	Yes	∐ No
7	Amount of expenses incurred in monitoring, in during the year ▶	nspecting, and enforcing conservation	n easements	\$	<u> </u>
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirer	ments of section	Yes	No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenute to the organization's financial states	e and expense stater nents that describes	ment, and balance shee s the organization's ac	t, and counting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Trea wered 'Yes' to Form 990, Par	sures, or Other t IV, line 8.	Similar Assets	
1;	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research	nue statement and in furtherance of p	balance sheet works oublic service, provide,	of art, historica in Part XIV,
I	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its revenue lic exhibition, education, or research	statement and bala in furtherance of p	ance sheet works of ar public service, provide	t, historical the following
	(i) Revenues included in Form 990, Part VIII	, line 1		<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	ort, historical treasures, or other sim 116 relating to these items	lar assets for financ	cial gain, provide the f	ollowing
;	a Revenues included in Form 990, Part VIII, line	e 1		<b>▶</b> \$	
i	h Assets included in Form 990. Part X			►Ś	

Part III   Organizations Maintai	ming Cone	Cuons	or Art,	HISTOR	cal I	reasures, or	Other Simila	I MSSE	15 (C	Juliu	eu)
3 Using the organization's acquisitivens (check all that apply)	on accession	and oth	_	•	-	J	nat are a signific	ant use	of its	collecti	on
<b>a</b> Public exhibition			d 🗌	Loan or	exchai	nge programs					
<b>b</b> Scholarly research			e	Other _							
c Preservation for future gener	ations										
4 Provide a description of the organ Part XIV.	nızatıon's col	lections	and expla	ain how t	hey fu	rther the organi	zation's exempt	purpose	ın.		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be mair	ntained as	s part of t	the orc	janization's coll	ection?		Yes		No
Part IV Escrow and Custodia 9, or reported an amo	Arrangen unt on Fori	nents ( m 990,	Complet Part X	e if org line 21	anıza İ.	ition answere	ed 'Yes' to Fo	orm 990	0, Pa ——	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?						ributions or othe	er assets not		Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	and com	plete the	following	table						
								Α	moun		
c Beginning balance							1c				
<b>d</b> Additions during the year							_1d				
<b>e</b> Distributions during the year							1 e				
f Ending balance							1f		<del></del>		
2a Did the organization include an a		rm 990,	Part X, III	ne 21?				L	Yes		No
b If 'Yes,' explain the arrangement							0 0 1 11 / 1	- 10			
Part V Endowment Funds Col	_										
	(a) Current	year	(b) P	rior year		(c) Two years back	(d) Three year	s back	(e) l	our year	s back
1a Beginning of year balance											
<b>b</b> Contributions										<u> </u>	
c Net Investment earnings, gains, and losses		===									
<b>d</b> Grants or scholarships			•								
Other expenditures for facilities and programs											
f Administrative expenses											
<b>g</b> End of year balance	<u> </u>							l			
<ol><li>Provide the estimated percentage</li></ol>	e of the year	end bala	ance held	as							
a Board designated or quasi-endow	/ment ►		<del></del> 왕								
<b>b</b> Permanent endowment ►	8										
c Term endowment ►	8		h			hald and adver-					
3a Are there endowment funds not a organization by	n the posses	SIOIT OF C	ne organi	zation th	al are	neid and admir	iistered for the		ſ	Yes	No
(i) unrelated organizations									3a(i)		
(ii) related organizations								•	3a(ii)		
b If 'Yes' to 3a(II), are the related of	rganizations	listed a	s required	l on Sche	edule F	२७		•	3b		
4 Describe in Part XIV the intended	d uses of the	organiz	ation's en	dowment	t funds	;		•	•		
Part VI Investments-Land, B							line 10.				
Description of investment		(a) Cos	t or other vestment	basis	<b>(b)</b> Co	ost or other is (other)	(c) Accumulate Depreciation		( <b>d</b> ) E	Book V	alue
<b>1 a</b> Land											
<b>b</b> Buildings											
c Leasehold improvements											
<b>d</b> Equipment											
e Other											
Total. Add lines 1a through 1e (Column	n (d) must ed	qual For	m 990, Pa	art X, colu	umn (E	3), line 10(c) )		-			0.
BAA			-					Schedu	le <b>D</b> (F	orm 99	0) 2009

Schedule D (Form 990) 2009 IDACORP EMPLOYEE (			<u>e 3</u>
Part VII Investments—Other Securities See Fo	orm 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
	ļ		
			_
	<u> </u>		_
	<u> </u>		—
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.)			_
Part VIII Investments—Program Related (See F	Form 990 Part X line	13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) bescription of investment type	(b) Book value	Cost or end-of-year market value	
			_
	-	······································	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13 )			
TOTAL (CONDINCTO) INDICTORNI FORM SOULENDA CONTROL IN THE FIRE IN THE	1		
	line 15) N/A		
Part IX Other Assets (See Form 990, Part X,		(b) Book value	
Part IX Other Assets (See Form 990, Part X,	line 15) N/A scription	(b) Book value	
Part IX Other Assets (See Form 990, Part X,		(b) Book value	
Part IX Other Assets (See Form 990, Part X,		(b) Book value	
Part IX Other Assets (See Form 990, Part X,		(b) Book value	
Part IX Other Assets (See Form 990, Part X,		(b) Book value	
Part IX Other Assets (See Form 990, Part X,		(b) Book value	
Part IX Other Assets (See Form 990, Part X,		(b) Book value	
Part IX Other Assets (See Form 990, Part X,		(b) Book value	
Part IX Other Assets (See Form 990, Part X,		(b) Book value	
Part IX Other Assets (See Form 990, Part X, (a) De	scription		
Part IX Other Assets (See Form 990, Part X, (a) De  Total. (Column (b) must equal Form 990, Part X, col (B), In	scription	(b) Book value	
Total. (Column (b) must equal Form 990, Part X, col (B), la  Part X Other Liabilities (See Form 990, Part X, col (B), la	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	scription		
Total. (Column (b) must equal Form 990, Part X, col (B), la  Part X Other Liabilities (See Form 990, Part X, col (B), la	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), li  Part X Other Liabilities (See Form 990, Part  (a) Description of Liability  Federal Income Taxes	ine 15) X, line 25)		
Total. (Column (b) must equal Form 990, Part X, col (B), In  Part X Other Liabilities (See Form 990, Part X, col (B), In  (a) Description of Liability	ine 15) X, line 25) (b) Amount		lity

Schedule D (Form 990) 2009 IDACORP EMPLOYEE COMMUNITY S	ERVICES 82-0	444885 Page <b>4</b>
Part XI Reconciliation of Change in Net Assets from Form	990 to Financial Statements	N/A
1 Total revenue (Form 990, Part VIII,column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments.		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combi	ine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial St	atements With Revenue per Retur	rn N/A
1 Total revenue, gains, and other support per audited financial statement	ts 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
<b>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants.	2c	
d Other (Describe in Part XIV)	2 d	
e Add lines 2a through 2d		?e
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b		lc l
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,	<del>)</del>	<del></del>
Part XIII   Reconciliation of Expenses per Audited Financial S		turn N/A
Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	·	
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2	e e l
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b		Ic
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I,		<del></del>
Part XIV   Supplemental Information		<del>-</del>
Complete this part to provide the descriptions required for Part II, lines 3, 5, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, information	and 9, Part III, lines 1a and 4, Part IV, line lines 2d and 4b Also complete this part to	es 1b and 2b, Part V, provide any additional

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 IDACORP EMPLOYEE COMMUNITY SERVICES  Part XIV Supplemental Information (continued)	82-0444885	Page <b>5</b>
PartXIV Supplemental Information (continued)		
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Schedule **D** (Form 990) 2009

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# SCHEDULE | (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public, Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I | General Information on Grants and Assistance IDACORP EMPLOYEE COMMUNITY SERVICES

Employer identification number 82-0444885 ž

X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

rait iv alid Scheddle I-i (Foliii 330) ii additiolial space is fleeded	r 0/111 990) 11 auun	nonal space is i	leenen				1
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOISE RESCUE MISSION, INC PO BOX 1494	82-0259387		6,396.	.0			PROGRAM RELATED EXPENDITURES
CITY LIGHT HOME FOR WOMEN & CHIL PO BOX 1494 BOISE, ID 83701	82-0259387		5,050	.0			PROGRAM RELATED EXPENDITURES
CITY OF BOISE/PROJECT CATCH PO BOX 500 BOISE, ID 83701			6,750.	.0			PROGRAM RELATED EXPENDITURES
HOPE HOUSE, INC PO BOX 550 MARSING, ID 83639	82-0352589		6,194.	0.			PROGRAM RELATED EXPENDITURES
IDAHO FOODBANK WAREHOUSE, INC. 3562 SOUTH T.K. AVENUE BOISE, ID 83705	82-0425400		11,660.	0.			PROGRAM RELATED EXPENDITURES
RONALD MCDONALD HOUSE 101 WARM SPRINGS AVE BOISE, ID 83712	94-3030996		5,188.	0.			PROGRAM RELATED EXPENDITURES
SALVATION ARMY (UNITED WAY OF TV 1904 S BANNOCK STREET BOISE, ID 83702	82-0299013		7,390.	0.			PROGRAM RELATED EXPENDITURES
TRI-COUNTY UNITED FUND, INC PO BOX 1049 ONTARIO, OR 97914	93-1057653		8,800.	0.			PROGRAM RELATED EXPENDITURES
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	ganizations				•	241

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

IDACORP EMPLOYEE COMMUNITY SERVICES Schedule I (Form 990) 2009

Page 2

82-0444885

**Parilly** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		!			
Parily   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	plete this part to p	provide the informat	ion required in Par	t I, line 2, and any oth	ner additional information.
			               	; 1 1 1 1 1	

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Schedule I (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2009

OMB No 1545-0047

Open to Public Inspection

						- 3	
Name of the organization TDACORP FMPTOYFF COMMINITY	SERVICES					Employer identification number   82-0444885	n number
ontinuation of Grants an	d Other Assistanc	e to Governments	and Organizations	s in the United Stat	1-	(Form 990), Part II.)	t II.)
(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTH CENTRAL ID 219 2ND STREET NORTH, SUITE B _ TWIN FALLS, ID 83301	82-0256978		10,360.				PROGRAM RELATED EXPENDITURES
	82-0299013		53,864.				PROGRAM RELATED EXPENDITURES
WOMEN'S & CHILDREN'S ALLIANCE	82-0204464		5,860.				PROGRAM RELATED EXPENDITURES

Schedule I-1 (Form 990) 2009

# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection

Name of the organization IDACORP EMPLOYEE COMMUNITY SERVICES FUND, INC	Employer identification number 82-0444885
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
TO ASSIST IDAHO POWER COMPANY EMPLOYEES IN MAKING CONTRIBUTION	S ON AN ORGANIZED
BASIS TO CHARITABLE, CHARACTER-BUILDING, AND HEALTH AND WELFAR	E ORGANIZATIONS WHICH
ARE DEPENDENT UPON VOLUNTARY CONTRIBUTIONS IN ORDER TO CARRY O	UT THEIR SPECIFIC
CHARITABLE PROGRAMS AND WHICH QUALIFY AS EXEMPT ORGANIZATIONS	PURSUANT TO THE
PROVISIONS OF 501(C)(3) OF THE INTERNAL REVENUE CODE.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE PRESIDENT PERFORMS A REVIEW OF THE FORM 990 PRIOR TO SIGNI	NG AND FILING THE
RETURN.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENT	S ARE AVAILABLE TO THE
PUBLIC UPON REQUEST.	
· 	

Schedule O (Form	990) 2009				Page Z
Name of the organization	IDACORP EMPLOYEE FUND, INC	COMMUNITY	SERVICES	Employer identification number 82-0444885	
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		<del>_</del>			

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

INC

IDACORP EMPLOYEE COMMUNITY SERVICES FUND,

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 82-0444885

Schedule **R** (Form 990) (2009) (F)
Direct controlling entity (F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A (E)
Public charity status (if section 501(c)(3)) **(E)** End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)** Exempt Code section (**D)** Total income 501(C)(4) TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) П 9 DISTRIBUTE FUNDS BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. INDIVIDUALS Primary activity (B) Primary activity COLLECT & FORTUNATE TO LESS IDACORP EMPLOYEE COMMUNITY ASSISTANCE FD (A) (A) Name, address, and EIN of related organization (**A)**Name, address, and EIN of disregarded entity ID 83707 82-0444884 PO BOX BOISE, Part II

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

מאיים וו יומני		90.00	אווובמוטווט נוסמיוו	של של של שלי	because it had one of more folding of game and as a partition of all in grant of the	, m				
(A) (B) Name, address, and EIN of Primary Activity	(B) Primary Activity	( <b>C)</b>  Legal	(C) (D) Legal Direct	<b>(E)</b> Predominant	(F) Share of total income	Share of total income Share of end-of-year	(H) Dispropor-	Code V-UBI	(J) General or	<u>.</u> o.
related organization		(state or	controlling entity	income (related, unrelated, excluded		assets	tionate allocations?	amount in box 20 of Schedule	managi	r^ng
		toreign country)		from tax under sections 512-514)			Yes No	K-1 (Form 1065)	Yes	<b>8</b>
									Ь.	
	1									
							j			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cold organizations	rporation or Tr treated as a c	<b>ust</b> (Complete or propertion or the component or the complete	if the organizations that	ration answered 'Yoe tax year.)	es' to Form 990, P.	art IV,
( <b>A)</b> Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country)  (G corp, S corp, or trust)	(H) Percentage ownership

Schedule R (Form 990) (2009)

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Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

	Moto Ormanista ina 1 is and another in Indead in Darke II III or IV of the cabacalida			
-	Note Complete life in any entity is listed in Parts II, III, of 1V of this schedule.  1. During the tay year did the proportion and any of the following transactions with one or more related proportion listed in Barts II.IV.		res	2
-	a Receipt of (i) interest (ii) annuties (iii) rovaltes (iv) rent from a controlled entity	-	-	×
_	<b>b</b> Gift. grant, or capital contribution to other organization(s)	1		×
	c Gift, grant, or capital contribution from other organization(s)	1 2		×
	d I hans or loan quarantees to or for other organization(s)	7		>
•	ב בכפוני כו כמו מתפו שוניכני כי כו	3		; ۵
•	e Loans or loan guarantees by other organization(s)	Je		$\times$
_	f Sale of assets to other organization(s)	11	:	×
J	a Purchase of assets from other organization(s)	10		×
	h Exchange of assets	1 4	-	×
-	i Lease of facilities, equipment, or other assets to other organization(s)	<b>-</b>		×
•			1	1:
	J Lease of facilities, equipment, or other assets from other organization(s)	=		× :
	Performance of services or membership or fundraising solicitations	<b>*</b>		× :
_	I Performance of services or membership or fundraising solicitations by other organization(s)	= .	+	× :
-	m Sharing of Tacilities, equipment, malling lists, or other assets	E	+	<b>~</b>
_	n Sharing of paid employees	_ _		×
J	<b>o</b> Reimbursement paid to other organization for expenses	10		×
1	• Damphireamont haid by other arrangation for avoinger	-		>
	ל יכוווסן אלוופון לשום לא סתופן סולשוודשתטון יסן פאלפוזאפא	-	$\dagger$	4
	<b>q</b> Other transfer of cash or property to other organization(s)	19		×
-	r Other transfer of cash or property from other organization(s)	11		×
7	2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	splous		
	(A) Name of other organization type (a-r)	(C) Amount involved	) involve	q
E				
8				
6				
<b>£</b>				l
9				
9				
BAA	TEEA5003L 02/05/10	Schedule R (Form 990) (2009)	990) (2(	<b> </b> 66

# Rad VII Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	rding exclusion for c	ertain investment pa	rtnerships				
(A) Name, address, and EIN of entity	(B) Primary activity	( <b>C)</b> Legal domicile	( <b>D)</b> Are all partners	(E) Share of end-of-vear	(F) Dispropor-	(G) Code V-UBI amount	(H) General or
		(state or foreign country)	section 501(c)(3) organizations?	assets	tionate allocations?	In box 20 of Schedule K-1 Form (1065)	managing partner?
			Yes No		Yes No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
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ВАА		TEEA5004L 02/05/10				Schedule <b>R</b> (Form 990) (2009)	6002) (2006)