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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
The Battelle Energy Alliance, LLC (BEA) etc. (See attachment #1)
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
c/o Lori Priest, P. O. Box 1625
 City or town, state or country, and ZIP + 4
Idaho Falls, Idaho 83415-3760

D Employer identification number
84-1397960

E Telephone number
208-526-9154

F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► **N/A**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 95,948 95**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I ☐

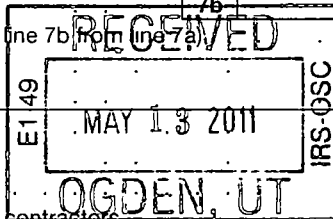
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	95,948 95
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	95,948 95	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	65,206 20
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	158.75
	17	Total expenses. Add lines 10 through 16	17	65,364 95
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30,584 00
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	101,866 53
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	132,450 53

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

SCANNED JUN 0 2011



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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	101,866.53	132,450.53
23	Land and buildings		
24	Other assets (describe in Schedule O)		
25	Total assets	101,866.53	132,450.53
26	Total liabilities (describe in Schedule O)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	101,866.53	132,450.53

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section

What is the organization's primary exempt purpose? See Attachment # 2

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	During 2010, the organization provided emergency cash assistance to 12 individuals and their families who had severe financial emergencies and hardships, including assistance with medical bills, mortgage payments, car payments, utility bills, emergency home repairs, etc See Attachment # 3 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	65,206.20
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	65,206.20

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0 ; section 4912 0 ; section 4955 0 .		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed.		
42a The organization's books are in care of Lori Priest . Telephone no. 208-526-9154 . Located at P. O. Box 1625, Idaho Falls, Idaho . ZIP + 4 83415-3760 .		
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country.		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **None**

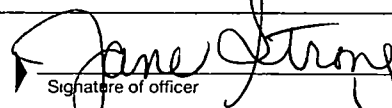
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

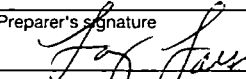
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **None**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  **Jane Strong**, Executive Secretary
 Signature of officer **Jane Strong**
 Date **5-10-11**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name **Lary S. Larson**
 Preparer's signature 
 Date **5/10/2011**
 Check ☒ if self-employed
 PTIN **8000-75484R**
 Firm's name **Hopkins Roden Crockett Hansen & Hoopes, PLLC**
 Firm's EIN **208-523-4445**
 Firm's address **P. O. Box 51219, Idaho Falls, Idaho 83405**
 Phone no

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

The Battelle Energy Alliance, LLC (BEA) and CH2M-WG Idaho LLC (CWI) (See Attachment #1)

Employer identification number

84-1397960

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) None									
(B)									
(C)									
(D)									
(E)									
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	88,004.01	108,859.30	103,626.83	96,298.12	95,948.95	492,737.21
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	88,004.01	108,859.30	103,626.83	96,298.12	95,948.95	492,737.21
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
6 Public support. Subtract line 5 from line 4.						492,737.21

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	88,004.01	108,859.30	103,626.83	96,298.12	95,948.95	492,737.21
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						492,737.21
12 Gross receipts from related activities, etc. (see instructions)				12		0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	100 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	100 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. 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 ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

The Battelle Energy Alliance, LLC (BEA) and CH2M-WG Idaho, LLC (CWI) . (See Attachment #1)

Employer identification number

84-1397960

I am enclosing copies of the amended organizational documents including the Articles of Incorporation and Bylaws. These documents were changed effective August 5, 2010, to incorporate the "Christmas for Families" program. The Christmas for Families program was conducted by this organization for the first time during the Christmas season of 2010. The Christmas for Families program is an informal charitable activity handled by volunteers within Battelle Energy Alliance, LLC (BEA) and CH2M-WG Idaho, LLC (CWI). The purpose of the program is to identify low-income families in the Idaho Falls-Rexburg-Blackfoot area who probably can't afford Christmas presents for their children and other family members, and match them with company employees and their families who are willing to purchase Christmas gifts for those low-income families, particularly the children. Any funds donated for the purpose of purchasing gifts for low-income families are spent on such gifts in the year they are donated. There are no carry-over funds or goods. Families who receive gifts are selected from lists provided by social welfare organizations such as the Salvation Army, homeless shelters, churches, and other charitable organizations. A copy of some of the training materials for the program is attached.

Attachment #1

The Battelle Energy Alliance, LLC (BEA) and CH2M-WG Idaho, LLC (CWI)
Community Assistance and Resource for Employees

Attachment #2

The association solicits employees of Battelle Energy Alliance, LLC (BEA) and CH2M-WG Idaho, LLC (CWI), which are Idaho limited liability companies and the operators of the Idaho National Laboratory, to donate funds to the association by salary deduction. The executive committee then allocates those funds to needy individuals and families selected from among the employee group. Those funds are distributed to employees and their families who are suffering severe financial hardships caused by medical emergencies, in almost all cases, or by loss of their homes or other disasters in a few cases.

CARE Committee
2010 Employee Financial Assistance

5/10/2011

Date	Emp	Description	County	Expense	Income	Balance
Jan-09		Calendar Year 2009 Carryover				\$101,866.53
Jan-10		Deposit-BEA Payroll			\$5,232.12	\$107,098.65
Jan-10		Deposit-CWI Payroll			\$2,358.76	\$109,457.41
Feb-10	1	Assist with lodging, airfare & incidentals		\$2,000.00		\$107,457.41
Feb-10		Deposit-BEA Payroll			\$5,223.62	\$112,681.03
Feb-10		Deposit-CWI Payroll			\$2,352.76	\$115,033.79
Mar-10		Deposit-BEA Payroll			\$5,209.12	\$120,242.91
Mar-10		Deposit-CWI Payroll			\$2,339.76	\$122,582.67
Apr-10	2	Assist with excessive medicals & past due mortgage		\$9,617.16		\$112,965.51
Apr-10	3	Assist with past due taxes & medicals		\$3,814.03		\$109,151.48
Apr-10		Bank Charge (2) stop payments		\$50.00		\$109,101.48
Apr-10	4	Assist with mortgage and past due vehicle payments		\$2,328.25		\$106,773.23
Apr-10		Deposit BEA payroll			\$6,490.40	\$113,263.63
Apr-10		Deposit CWI payroll			\$2,919.70	\$116,183.33
Apr-10		Deluxe Check Order		\$108.25		\$116,075.08
May-10		Adjustment to balance spreadsheet with bank balance				\$116,075.08
May-10	5	Assist with excessive expenses		\$0.50		\$116,074.58
May-10		Deposit BEA payroll		\$ 2,153.38		\$113,921.20
May-10		Deposit CWI payroll			\$5,154.12	\$119,075.32
Jun-10	6	Assist with past due rent & expenses		\$ 3,086.82		\$121,392.08
Jun-10	7	Assist with replacement of water well		\$ 8,391.50		\$118,305.26
Jun-10		Deposit BEA payroll			\$5,137.96	\$109,913.76
Jun-10		Deposit CWI payroll			\$2,310.76	\$115,051.72
Jul-10		Deposit BEA payroll			\$6,358.70	\$117,362.48
Jul-10		Deposit CWI payroll			\$2,881.45	\$123,721.18
Aug-10	8	Assist with mortgage and past due vehicle payments & past due utilities		\$ 3,740.84		\$126,602.63
Aug-10	9	Assist with medicals and past due utilities		\$ 16,286.56		\$122,861.79
Aug-10		Deposit BEA payroll			\$5,032.46	\$106,575.23
Aug-10		Deposit CWI payroll			\$2,266.51	\$111,607.69
Sep-10		Deposit BEA payroll			\$2,266.51	\$113,874.20
Sep-10		Deposit CWI payroll			\$5,021.46	\$118,895.66
Sep-10	10	Assist with past due medical bills and past due utilities		\$3,923.30		\$121,157.42
Oct-10		Deposit BEA payroll			\$6,249.70	\$117,234.12
Oct-10		Deposit CWI payroll			\$2,833.70	\$123,483.82
Oct-10	11	Assist with mortgage/2nd mortgage & medical expenses		\$7,523.92		\$126,317.52
Nov-10		Deposit BEA payroll			4929.46	\$118,793.60
						\$123,723.06

Attachment # 4

The Battelle Energy Alliance, LLC (BEA) and CH2M-WG Idaho, LLC (CWI)
Community Assistance and Resource for Employees
(formerly known as The Bechtel BWXT Idaho Community Assistance and Resource for
Employees)

Part V – List of Officers

Name and Address	Title/Average Hours Per Week
Lori Priest P.O. Box 1625 Idaho Falls, ID 83415-3760	Program Administrator/10 hours
Jane Strong P.O. Box 1625 Idaho Falls, ID 83415-3760	Committee Secretary/2 hours
Laurel Hill P.O. Box 1625 Idaho Falls, ID 83415-4149	Community Member/2 hours
Barbara Morris P.O. Box 1625 Idaho Falls, ID 83415-2504	Community Member/2 hours
Paul Senteri P.O. Box 1625 Idaho Falls, ID 83415-3458	Community Member/2 hours
Raelene McMillin P.O. Box 1625 Idaho Falls, ID 83415-3108	Community Member/2 hours
Charlie Lovejoy P.O. Box 1625 Idaho Falls, ID 83415-2506	Community Member/2 hours
Sheri Andreason P.O. Box 1625 Idaho Falls, ID 83415-5108	Community Member/2 hours

Carla Campbell
P.O. Box 1625
Idaho Falls, ID 83415-3935

Community Member/2 hours

Michael Colson
P.O. Box 1625
Idaho Falls, ID 83415-3226

Community Member/2 hours

Patricia Baker
P.O. Box 1625
Idaho Falls, ID 83415-5233

Community Member/2 hours

Steve Birrer
P.O. Box 1625
Idaho Falls, ID 83415-5108

Community Member/2 hours

William Waetje
P.O. Box 1625
Idaho Falls, ID 83415-6188

Community Member/2 hours

**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
of
THE BATTELLE ENERGY ALLIANCE, LLC (BEA)
and
CH2M-WG IDAHO, LLC (CWI)
COMPANY ASSISTANCE AND RESOURCE FOR EMPLOYEES
Formerly known as
THE BECHTEL BWXT IDAHO
COMMUNITY ASSISTANCE AND RESOURCE FOR EMPLOYEES
Also formerly known as
THE LOCKHEED MARTIN IDAHO EMPLOYEES BUCKS-OF-THE-MONTH CLUB**

Pursuant to law, and under the provisions of the Uniform Unincorporated Nonprofit Association Act, Idaho Code Sections 53-701, et seq., the undersigned unincorporated nonprofit association adopts the following Amended and Restated Articles of Organization, effective April 15, 2010, to replace and supersede the Articles of Organization adopted November 6, 2008.

**ARTICLE I
NAME**

The name of the entity is The Battelle Energy Alliance, LLC (BEA) and CH2M-WG Idaho, LLC (CWI) Company Assistance and Resource for Employees. The name may be abbreviated as BEA/CWI CARE. The entity shall be referred to herein as the Association.

**ARTICLE II
PURPOSE**

The association is organized exclusively for two charitable purposes. One purpose of this Association is to provide grants to individuals who are present employees of BEA/CWI and their IRS dependants who suffer from immediate hardships or emergencies. The second purpose of the Association is to provide a vehicle for the "Christmas for Families" Program to operate as a 501(c)(3) entity. The second purpose shall be known as the "Christmas for Families" program and shall be operated by a separate committee comprised of BEA/CWI employees. The Association will oversee the "Christmas for Families" Program. The activities of the Association are thus aimed at (1) the relief of poverty by assisting the poor, distressed, and underprivileged, (2) lessening the burdens of government, (3) promotion of health, and (4) promotion of social welfare for the benefit of the community. The Association will also be permitted to pursue those purposes by making distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 or any corresponding section of any subsequent Federal Tax Code.

ARTICLE III MEMBERS

Section 1. The Association shall have only one class of members. The members of the Association shall be all employees of BEA and CWI, P.O. Box 1625, Idaho Falls, Idaho 83415-3760.

Section 2. Each member of the Association shall have one vote on any matter submitted to a vote of the membership of the Association by the Executive Committee.

ARTICLE IV OFFICERS

Section 1. The officers of this Association shall be an Administrator, and a Secretary. All officers shall be appointed by the Director of Public Affairs of BEA, and shall serve a term of indefinite duration. The officers shall perform the duties prescribed by these Articles. The officers of this Association shall serve with such compensation as may be granted to them by BEA, but shall receive no compensation from the Association.

Section 2. The Administrator shall actively direct the affairs of this Association and perform such other duties as directed by the Executive Committee.

Section 3. The Secretary shall perform any duties assigned by the Administrator of the Executive Committee.

Section 4. The Administrator shall also: keep a copy of the Bylaws; have recorded the minutes of business meetings of the Executive Committee and keep available a complete record of such for the duration of his/her term of office; maintain a membership list with the addresses and telephone numbers of all members; organize and maintain complete records of all Association activities to be provided to all incoming officers; serve as a repository for various committee reports and other documentation to be maintained on file; keep the accounts of the Association in a true and accurate manner; have charge of all receipts and disbursements; make financial reports at all meetings of the Association and the Executive Committee; submit the financial records of the Association for audit to a committee appointed by the Administrator thirty (30) days prior to the end of the fiscal year.

Section 5. The names and addresses of the persons who are the officers of the Association are as follows:

Administrator – Lori Priest, P.O. Box 1625, Idaho Falls, ID 83415-3760

Secretary – Jane Strong, P.O. Box 1625, Idaho Falls, ID 83415-3760

ARTICLE V EXECUTIVE COMMITTEE

Section 1. The officers of the Association together with ten (10) other members shall constitute the Executive Committee. The members of the Executive Committee other than the officers shall be appointed by the previous Executive Committee and designated representatives of the Communications and Public Affairs of BEA, and shall be representative of the diverse workforce of BEA and CWI.

Section 2. The Executive Committee shall have general supervision of the affairs of the Association; shall exercise exclusive discretion in making distributions of the funds of the Association; shall adopt appropriate Bylaws for the governance of the Association; and shall act at all times in accordance with the purposes and intent of the Association.

Section 3. The time and place of each meeting of the Executive Committee shall be fixed by the Executive Committee.

ARTICLE VI MEETINGS

Section 1. A general meeting of the members of the Association may be called by the Administrator of the Executive Committee. A quorum shall be made up of sixty percent (60%) of the membership. Meetings may be called for any purpose deemed appropriate by the Administrator or the Executive Committee.

Section 2. Written notice of the time and place of the meeting shall be sent to all members not less than two weeks prior to the meeting, except for emergency meetings.

ARTICLE VII AMENDMENTS OF THE ARTICLES

These Articles can be amended at any meeting of the members of the Executive Committee of the Association by a majority vote, or at any meeting of the members of the Association by a two-thirds vote, provided that the amendment has been submitted to the members in writing in the notice of the meeting.

ARTICLE VIII CHARITABLE RESTRICTIONS

No part of the net earnings of the Association shall inure to the benefit of, or be distributable to its members, officers, or other private persons, except that the Association shall be authorized and empowered to make payments and distributions to members in furtherance of the purposes set forth in Article II hereof. No substantial part of the activities of the Association shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Association shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles, the Association shall not carry on any other activities not permitted to be carried on (a) by an entity exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an entity, contributions to which are deductible under Section 170 (c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the termination of the Association, all assets of the Association remaining after the payment of all its just debts and expenses shall be distributed to one or more exempt organizations within the meaning of Section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IX
CONFLICT OF INTEREST

Section 1. Members of the Executive Committee shall be allowed to participate in the BEA/CWI CARE program.

Section 2. In no circumstance shall they be present at any meeting where their application is reviewed. Therefore, they shall never be present to provide their vote on the matter.

ARTICLE X
MISCELLANEOUS

Section 1. The duration of the Association shall be perpetual. The Association may be dissolved upon the majority vote of the members, at a meeting called for that purpose, or by the Executive Committee at any time following one year after the last contribution or contributions were made to the Association.

Section 2. The office of the Association shall be at the offices of BEA in Idaho Falls, Idaho.

APPROVED this 15 day of Apr. 1, 2010, by a majority vote of the Executive Committee.

LS

Lori Priest, Administrator

LS

Jane Strong, Secretary

**AMENDED BYLAWS
OF
THE BATTELLE ENERGY ALLIANCE, LLC (BEA)
and
CH2M-WG IDAHO, LLC (CWI)
COMPANY ASSISTANCE AND RESOURCE FOR EMPLOYEES (CARE)
Formerly known as
THE BECHTEL BWXT IDAHO
COMMUNITY ASSISTANCE AND RESOURCE FOR EMPLOYEES**

General Provisions:

In faith and hope the world will disagree but all mankind's concern is charity. Alexander Pope 1733

The BEA/CWI CARE bottom-line principle in funding employee assistance and overseeing the Christmas for Families program is:

GREATEST GOOD FOR THE GREATEST NUMBER

1. The CARE executive committee administrator will prepare the meeting agenda. Meeting notes will be taken by the secretary and meeting minutes issued to committee members.

2. Six of the 10 members of the executive committee represent a quorum and will be required before business can be conducted. Two (2) alternate committee members may attend all meetings. The alternate committee members are non-voting members; provided however, that when one or more executive committee members is absent, then an alternate committee member may replace the absent executive committee member(s) and may vote on all matters coming before the committee. All matters brought before the committee shall be deemed "CONFIDENTIAL" and shall not be disclosed.

3. Motions will be entertained and must be seconded to be put up for a vote. If no second is received, the motion will die for lack thereof.

4. The CARE administrator will decide all tied issues, but otherwise will not vote. The secretary will not vote.

5. Terms of committee members will be three years (not limited to).

6. The CARE executive committee will meet at least 11 times a year.

7. The Christmas for Families committee will dedicate significant time to the Christmas for Families program during October, November and December. The Committee will provide a status report to the Association during this time frame.

8. CARE committee funds will be divided as follows:

- a. 100% of donations designated for the employee assistance program shall be applied to employee assistance, except for costs associated with required audits.
- b. 100% of donations designated for the "Christmas for Families" program shall be applied to the "Christmas for Families" program.
- c. At no time shall donations for those two separate programs be co-mingled.

9. Emergency employee assistance nominations will be processed by holding a meeting of in-town committee members who will conference call with site committee members. A quorum must be achieved for emergency nominations.

Fund Management:

Employee Assistance Funds:

The CARE administrator manages a checking account for the CARE Committee Employee Assistance Fund at Bank of Idaho.

The CARE administrator creates a monthly report showing new monies, and monies carried over from the previous month, if any. This financial report is given to the CARE executive committee at each monthly meeting.

The CARE administrator processes employee assistance nominations. Employees must disclose financial and family information. The administrator verifies employment status and salary through human resources for all employees nominated for assistance.

Once a year, the CARE administrator coordinates a company-wide campaign to increase employee participation in CARE and raise contributions.

Christmas for Families Funds:

The CARE administrator will work with the Christmas for Families Committee and oversee a checking account for the Christmas for Families Fund at Bank of Idaho. The account shall be separate from the Employee Assistance Fund account.

The Christmas for Families Committee shall adopt appropriate procedures to provide cash donors with suitable receipts for tax purposes.

Two options are available to handle the Christmas for Families funds: Money donated to the Christmas for Families program can be deposited to the Christmas for Families account. Those funds may then be distributed by the Christmas for Families Committee to groups in charge of the program for eligible families in such manner as to ensure that the funds are used solely for the purposes of the program. OR, if employees throughout the Site choose to collect funds for their specific adopted families, they may do so and purchase the gifts directly. Receipts can be provided for donations from the designated organizer or point of contact. The Christmas for Families Committee shall adopt appropriate procedures to provide donors with suitable receipts for tax purposes.

Distributions:

Employee Assistance

The CARE executive committee, comprised of 10 employees representing the diverse workforce, the CARE administrator, and the secretary meet at regular intervals to determine how employee contributions will be spent. Two alternate, non-voting committee members may also attend such meetings. In the event an executive committee member is absent, then an alternate committee member shall be entitled to vote on all matters coming before the committee. A quorum of six committee members must be present at each meeting. The committee makes decisions on spending based on the CARE By-laws and IRS regulations. The CARE administrator guides the committee in accordance with the by-laws. The secretary records meeting minutes. Generally, neither the CARE administrator nor the secretary votes; however, the CARE administrator shall vote in the event of a tie vote.

All monthly contributions designated as employee assistance contributions are allocated for employee assistance. The committee reviews and votes on each employee assistance nomination.

The CARE administrator prepares checks based on the committee's decisions. CARE checks require two signatures, the CARE administrator and secretary,

or one of them and their backup signature person (a Public Affairs staffer). The CARE administrator authors cover letters that are mailed with each check.

Christmas for Families

The Christmas for Families committee will dedicate the time necessary at each regular meeting to organize and coordinate volunteers for the program. Distributions made through this program to deserving families will be determined by the donations made and by each group leader's interaction with the families participating in the program.

Reporting:

The CARE administrator is responsible for maintaining file records of all requests, committee actions and bank transactions. The CARE administrator generates monthly financial reports and annual reports for employees. The CARE administrator is responsible for the external and internal image of the CARE program including publicity. The CARE administrator will oversee the activities related to the Christmas for Families program.

Eligibility Rules:

Employee Assistance

1. Requirement of Financial Need

Funds collected by the Association will be available to provide assistance to persons who suffer economic hardship due to accident, loss, or disaster. For purposes of this program, "hardship" means "a person who lacks the necessities of life, involving physical, mental, or emotional well-being, as a result of poverty or temporary distress." Examples of hardship persons include a person who is financially impoverished as a result of low income and lack of financial resources, a person who temporarily lacks food or shelter (and the means to provide for it), a person who is a victim of a natural disaster (such as fire or flood), a person who is the victim of a civil disaster (such as civil disturbance), or a person who is temporarily not self-sufficient as a result of personal and/or family crisis (such as a person who is the victim of a crime of violence or who has been physically abused).

2. Requirement of Current Employment

Persons eligible for assistance include current full-time, part-time and temporary employees of BEA or CWI and their dependent family members, as defined by the Internal Revenue Code.

3. Requirement of an Application

Grants will be made based on written applications, and these eligibility rules, and on no other basis. Contributions cannot be earmarked for a particular recipient. No applicant will be considered entitled to any grant. There is no guarantee that funds will be available for past contributors should they have a need arise. Contributions will not be made to the fund with any expectation of the contributor deriving a financial benefit.

4. Requirement of Recordkeeping

Records to be kept by the Association shall include the name and address of each recipient, the amount distributed to each, the purpose for which the aid was given, the manner in which the recipient was selected and the relationship, if any, between the recipient and members or officers of the Association, or of donors to the program.

5. Non-discrimination Policy

The selection of beneficiaries will be on an objective and non-discriminatory basis designed to provide relief to persons who are experiencing hardship and distressed without consideration of their age, race, sex, religion, national origin, or employment status, other than that they must meet the employment eligibility rule described above. Grant making decisions will be made only on the basis of redacted information not disclosing the applicant's name or other identifying information. Work performance or other employment factors will not be considered in evaluating applications. Grants will not be used as inducements to recruit or retain employees or to provide compensation for services, nor will they be used disproportionately for key employees, and information on applications will not be used for any employment decisions. Assistance will not be provided to disqualified persons as defined in the Internal Revenue Code.

6. Conflict of Interest Policy

Members of the Executive Committee shall be allowed to participate in the BEA/CWI CARE program. In no circumstance shall they be present at any meeting where their application is reviewed. Therefore, they shall never be present to provide their vote on the matter.

7. Use of Funds in the Case of Disaster Relief

In the case of persons who are the victims of natural disaster, the grant money may be used only to replace certain items: (1) personal residences; (2) furniture, furnishings, appliances, but not antiques, electronic equipment, or the like; (3) food; (4)

clothing, but not luxury possessions; (5) personal possessions such as books, recreational equipment and children's toys, but not jewelry, boats or recreational vehicles; (6) automobiles if not covered by insurance; (7) other intangible emergency financial needs such as living expenses, medical and social services and travel expenses. Such grants will be provided only if the applicant can demonstrate that the hardship is unexpected and that the need cannot be met from his or her available resources. Grants will be provided only if the applicant's losses are not covered by insurance, government relief funds, funds available through charitable organizations, or other available personal resources. The applicant must submit evidence to substantiate his or her losses and to prove his or her lack of other resources. In general, such grants will only be available on account of a declared federal, state or local disaster.

Christmas for Families

The Christmas for Family committee will receive nominations which will be based on consultations with agencies from the surrounding communities, local elementary schools and local social workers.

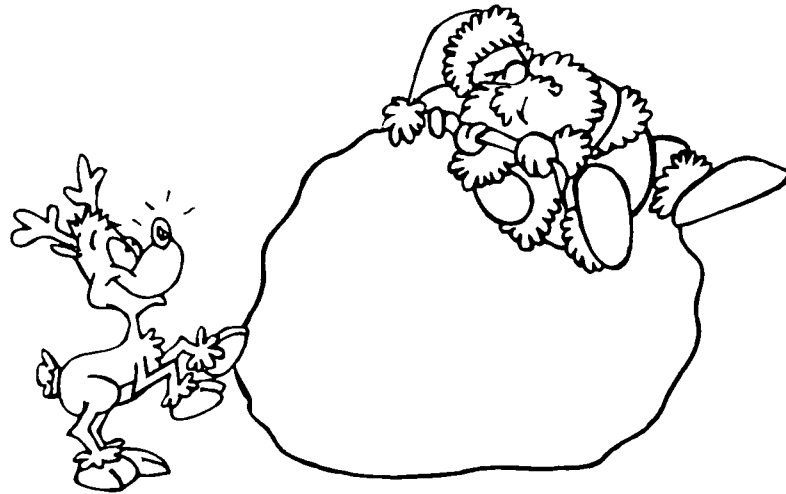
All participating families must be needy as that term is defined in paragraph 1 of Eligibility Rules: Employee Assistance. Employees may not nominate a family for participation.

To prevent duplicate assistance from this program and other, similar programs sponsored by other agencies in the surrounding communities, the Christmas for Families committee will coordinate to the best of their ability with other, similar programs to ensure that a particular family is not on more than one list. Other, similar programs include but are not limited to: St. Vincent DePaul, FAITH, Salvation Army, and Bingham County Courthouse Program.

We, the undersigned, being all of the executive committee members and the secretary of BEA/CWI CARE do hereby certify that the above and foregoing Bylaws were duly and regularly adopted as the Amended Bylaws of said association at a meeting of the

executive committee held on the 15th day of April, 2010, at Idaho Falls, Idaho.

By: LS/ _____



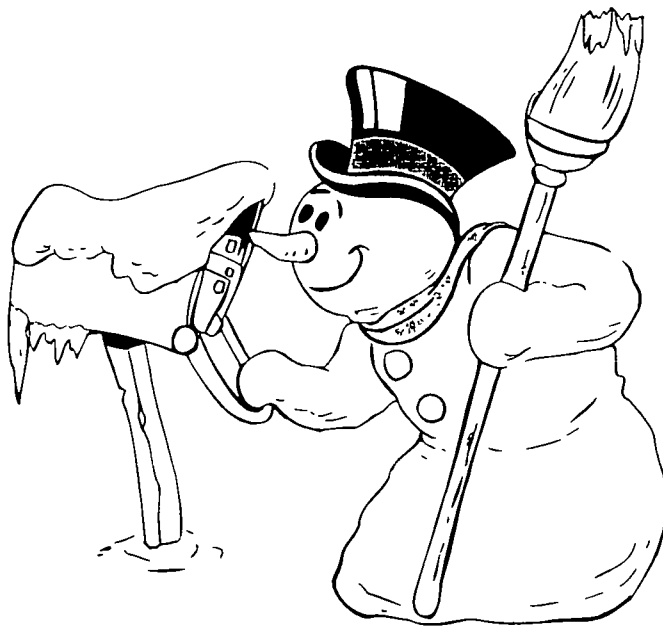
“CHRISTMAS FOR FAMILIES” PROGRAM

- Number of families, How do we get the families to adopt?
- Important Dates (p. 2)
- Responsibilities (p. 3)
- Money and Fundraising (p. 3)
- Program Support and Santa-ing (p. 4)
- Christmas trees and Tentative Discounts (p. 5)
- Bikes, Donated items (p. 6)
- To adopt families, Community Host info, Food for thought (p. 7)
- Coupons and “Ideas” (p. 8)
- Food Box List (p. 9)
- Idaho State Tax Highlights (p. 10)

NUMBER OF FAMILIES FOR 2008

Approximately:

Idaho Falls area	45
Pocatello	3
Arco	4
Blackfoot/Shelley	15
Rigby	6
Ririe	4



How do we get the nominated Families?

From community agencies and
Elementary Schools
Social Workers

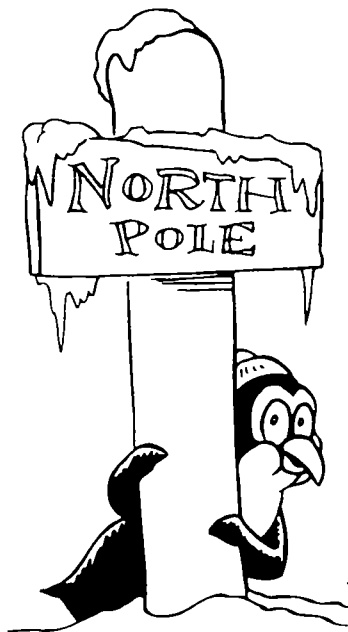
Why can't employees nominate someone?

Potential conflict of interest

How do we know Christmas for Families is the source of help for the family?

List is coordinated with St. Vincent DePaul, FAITH,
Salvation Army, and Bingham County
Courthouse Program

If family is on Christmas for Families list, they are removed
from the other lists.



RESPONSIBILITIES

Explain program to management and co-workers!

Adopt a family (or families)

Contact the family!!!! Adopting group responsible for contacting family

Help collect money, coordinate donations, shopping for your family, food box, toy, and turkey pick up

Track taxable "sales"

Adopting group responsible for picking up the food boxes, turkey, and toy for each child in family and making the delivery, and arranging for Santa Claus if the family wants a Santa visit

MONEY

Money collected by each group should stay with the group!

Personal Checks – If folks feel the need to write a check to Christmas for Families, have the person write the check to "Christmas for Families" and contact Penny C. Howe. It will be much easier if checks are written to the person coordinating things for their group and the donor is given a receipt (noting the check number) for tax purposes. The donor can note the family number on the check in the comment field and the family number can be also noted on the receipt

Receipts – Receipt forms have been sent out via e-mail but will be sent again in the e-mail packet. Please make photocopies of the receipts to use in your group and have the value of the item recorded by the donor

FUND RAISING

Must be on personal time, flex time, etc....

Ideas. .silent auctions, bake sales; snack times (see State Tax Commission guidelines for what taxes are to be paid)

No Raffles are allowed when fundraising

No fundraising discount/coupon books (advertises for specific business, excludes competition)

CHRISTMAS TREES



A coupon (please write in the families last name where it says Family #) it will be given to your group **Bring coupon to Town and Country Gardens** if your adopted family needs a Christmas tree 5800 S. Yellowstone Highway, Idaho Falls (near big malt plant) and 1300 East Oak, Pocatello.

TENTATIVE DISCOUNTS

Present coupons before clerk begins to ring up items
Contact Penny C. Howe (6-0619) to receive extra coupons

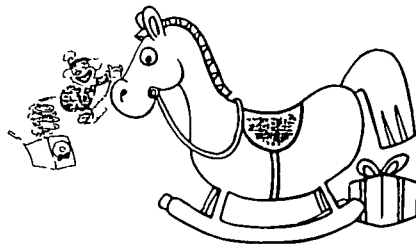
If you have any suggestions ideas or suggestions concerning discount coupons please me.

Idaho Falls

K-Mart – At least 10%
Payless Shoes – At least 15%
Wal-Mart – (Still working with Wal-Mart Management)
Shopko – (Still working with Shopko Management)

Pocatello

Payless Shoes – 15%



**THESE COUPONS ARE TO BE USED FOR
CHRISTMAS FOR FAMILIES ONLY!!!**





DONATED ITEMS

Need twin beds, dressers, small couches, tables, etc
Penny (at pch) **STUFF SWAP** will coordinate donations or inquiries

BICYCLES

NEED A BIKE?

To request for a bike: e-mail Roberta Jordan at rjordan@inel.gov
She will need the following information:

Family #

Child Name

Child Age

Child Gender

Any additional details i.e. tricycle, training wheels, etc.

Name of contact

It will be the responsibility of the Contact to pick up and deliver the bike(s) to the family when ready

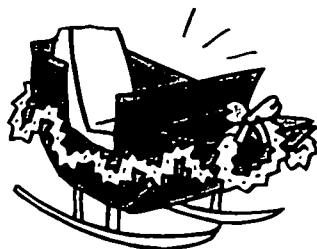
Roberta Jordan will coordinate things with Bill's Bike and notify your contact when the bike order is ready

Don't have to donate a bike to get bike(s) for your adopted family

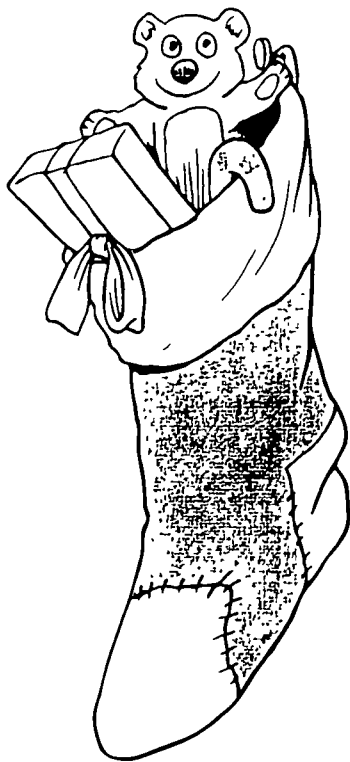
DONATE A BIKE?

Take bicycles to Bill's Bike Shop, 805 S. Holmes, Idaho Falls
Ask them to tag them for the Christmas for Families Program

Visiting the dentist soon...**Toothbrushes** donated by local dentists



Families may welcome gently used (in good condition!) secondhand items and clothing...check with them...
(Please refrain from wrapping used items.)



TO ADOPT FAMILIES E-MAIL (Please) ----

Penny C. Howe 526-0619
Beginning Monday, November 17, 2008, after 9.00
am

Please be patient – I would prefer all requests
come via e-mail (So I can keep better track of
everything.).

COMMUNITY HOSTS

ARCO area – Volunteers?

BLACKFOOT area – Volunteers?

IDAHO FALLS – Penny Howe 526-0619

POCATELLO – Volunteers?

RIGBY – Volunteers?

Things to remember... Food for thought

We recommend using your work phone to contact the family, if possible.

If you make a visit to the home, take someone along.

If your gut feeling is that something isn't right, please call Penny at 6-0619.

"Don't judge the book by its cover."

Sometimes the man of the house may have difficulty with accepting help.

Adults that act "unappreciative" may be dealing with difficult emotions and may not be able to express gratitude or act as we envision.

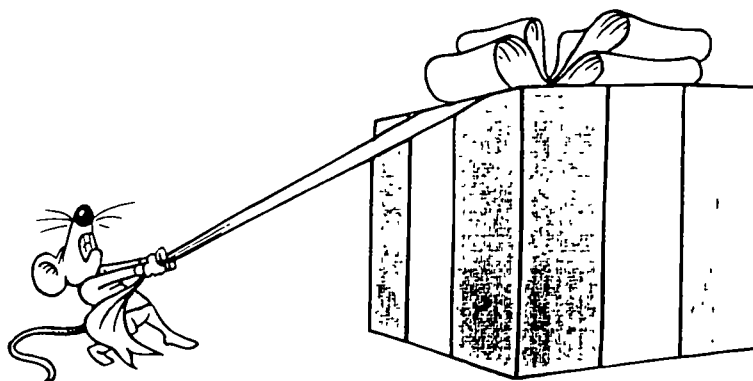
In some cultures, needy families take in friends or relatives that are in need, so call Penny if extra people are in the home that we hadn't expected.

We do this for the kids.

As you and your group plan your shopping, please don't go overboard – presents piled 5 ft high this year may be hard to explain for parents next year when the family is "recovering" financially and the packages aren't as plentiful. Excess funds can be used for another CFF family or may be put to use in the community to help provide for a child at Christmas.

December 13th!

Just bring your family list for food box, turkey, and toy for all the children on your list that are under 18 – no changes in food box distribution.



Fun idea... Request the parent(s) have children write letters to Santa. This gives you an idea of the children's fondest wishes and the parents have a keepsake of childhood.

Ideas... *Items not covered by Food Stamps:*

Aluminum turkey pan?	Dish Soap
Aluminum foil	Laundry Detergent, dryer sheets
Shampoo & Conditioner	Household cleaners
Hand Lotion, Deodorant	School supplies
Hair brush, Comb	

AND...

Groups can always collect extra canned food

Refrain from battery operated toys

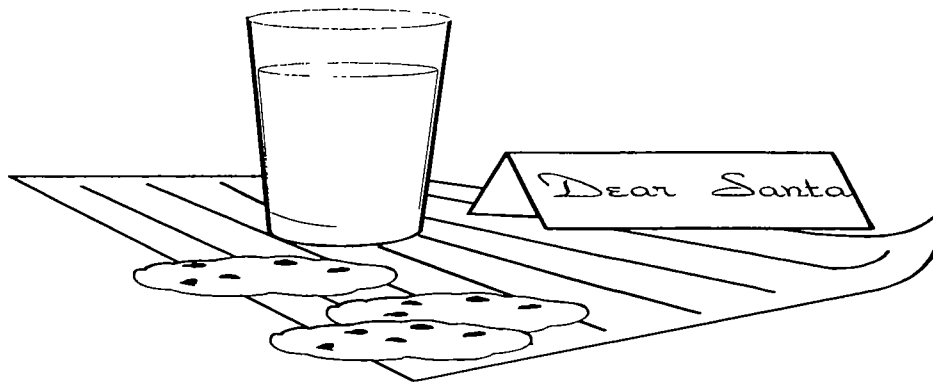
If battery operated toys are purchased, buy provide a lot of extra batteries!

Please do not give cash to the adopted family! Gift certificates to a local grocery, etc., are better ideas.

Christmas for Families Food Box List

Items	Number Per Family
Corn	4 Cans
Beans	4 Cans
Tomato Soup	2 Cans
Chicken Noodle Soup	2 Cans
Toilet Paper	1 4-pack
Paper Towels	1 Roll
Kleenex	1 Box
Toothpaste	1 Tube
Macaroni and Cheese	4 Boxes
Spaghetti O's	3 Cans
Tuna (Water Pack)	3 Cans
Corn Flakes	1 Box
Toasted Oats	1 Box
Dish Soap	1 Bottle
Hand Soap	1 Bar
Shampoo	1 Bottle
Peaches	1 Can

Items	Number Per Family
Pears	1 Can
Crackers (1 lb.)	1 Box
Pancake Mix (2 lb.)	1 Box
Rice (2 lb.)	1 Bag
Maple Syrup (24 oz.)	1 Bottle
Flour (5 lb.)	1 Bag
Jell-O (6 oz.)	2 Boxes
Peanut Butter	1 Jar
Bread	1 Loaf
Macaroni Noodles (12 oz.)	1 Bag
Spaghetti Noodles (12 oz.)	1 Bag
Tomato Sauce	3 Cans
Spaghetti Sauce	1 Bottle
Mustard	1 Jar
Catsup	1 Bottle
Stuffing Mix	1 Box
Laundry Soap	1 Container



.. Christmas for Families 2009

From Christmas for Families Program:

Are you looking for a wonderful way to get into the holiday spirit? Please consider the Christmas for Families program. This program focuses on providing a happy Christmas for less fortunate families. Employees working at INL (DOE, INL, CWI, BBWI, AMWTP, NRF and any others) can "adopt" a family from our list and provide the basics of a happy Christmas.

Our program has worked miracles for 22 years, and these past 22 years would not have been successful without the wonderful support of the people we work with. To date, we have received the names of 81 less fortunate families in the Snake River Valley. Family adoptions start today, Nov. 16. If your group is able to adopt a family, contact Penny Howe (penny.howe@inl.gov) with your requested family size.

If adopting a family is not something you are able to do at this time, there are other ways you can assist. As always, a donation of time is welcome. Assistance is needed to set up for the "Stuff Swap" Dec. 4 beginning at 10 a.m. at the United Steel Workers (formerly PACE) Union Hall. Volunteers are needed to unpack and sort donations. (Bring a pair of sharp scissors.). The stuff swap event will be held Dec. 5th at 10:00 am. On Dec. 11, assistance is needed beginning at 9 a.m., to set up the United Steel Workers Union Hall to assemble food boxes. Food boxes will be assembled on Dec. 12, starting at 9 a.m. Assistance at this time would be most welcome.

Other opportunities include donating used bicycles to Bill's Bike Shop. If you have a bicycle (or a three-wheeled variety) to donate, take it to 805 South Holmes. Be sure to tell Stan that it is for the Christmas for Families program.

Visiting the dentist soon? Toothbrushes and toothpaste donated by local dentists are very welcome. Consider donating your aluminum cans. Recyclable aluminum can be taken to Pacific Recycling. (Again, be sure to tell them they are for the Christmas for Families program.) Do you have items to donate? We have a storage unit at South Town Storage (5634 S. Yellowstone Hwy., Idaho Falls) for gently used furniture, clothing, household items and appliances. A repairman is on standby for minor appliance repairs. Be sure to tell Jeremy that the items are for the Christmas for Families program and he will help you unload the items into the storage unit. If you are unable to take the items to the storage unit, contact Penny Howe to arrange a pickup time.

The Christmas for Families coordinators thank you in advance for your generous support this year.