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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

Battelle Energy Alliance, LLC (BEA) etc (See Attachment #1 for full name)

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 province, country, and ZIP or foreign postal code

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) ▶**I** Website: ▶ n/a**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . ▶ \$**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	87,674 32				
	2	Program service revenue including government fees and contracts		2					
	3	Membership dues and assessments		3					
	4	Investment income		4	1 61				
	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	4224 88					
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	4224 88						
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	91,900 81						
Expenses	10	Grants and similar amounts paid (list in Schedule O. See Attachments 3 and 4)	10	70,551 61					
	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	44 93					
	16	Other expenses (describe in Schedule O)	16						
	17	Total expenses. Add lines 10 through 16	17	70,596 54					
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21,304 27					
	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	100,667 66					
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	3,844 24					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	125,816 17					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2013)

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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	104,511 90	22 125,816 17
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets		25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,511 90	27 125,816 17

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 . . . ☐

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 2013, the organization provided emergency cash assistance to 7 individuals and their families who had severe financial emergencies and hardships, including assistance with medical bills, mortgage payments, rent, utilities, car repairs, property taxes, etc See Attachment #3 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	54,174 95
29	During 2013, the organization also collected cash and in-kind donations of goods (toys, clothing, food, etc) for distribution to needy families for Christmas. The cash was used to purchase additional Christmas goods and all was donated to needy families for Christmas See Attachment #4 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	16,376 66
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) ▶	32	70,551 61

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 Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
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 ► ; section 4912 ► ; section 4955 ►		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
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	40e	✓
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)? If "Yes," enter the name of the foreign country: ►	42b	✓
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 the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

	Yes	No
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 only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

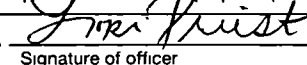
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

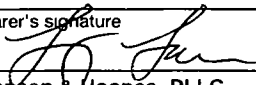
d Total number of other independent contractors each receiving over \$100,000 **None**

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  **Date** 5/9/2014
 Signature of officer
Lori Priest, Program Administrator
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Lary S Larson	Preparer's signature 	Date <u>5/9/2014</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01696517
Firm's name Hopkins Roden Crockett Hansen & Hoopes, PLLC			Firm's EIN 82-0307293	
Firm's address 428 Park Avenue, Idaho Falls, Idaho 83402			Phone no 208-523-4445	

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.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Battelle Energy Alliance, LLC (BEA) and CH2M-WG Idaho LLC (CW) etc. (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—Non-functionally integrated
- 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?

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>
- (ii) A family member of a person described in (i) above?

11g(ii)		<input checked="" type="checkbox"/>
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- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)		<input checked="" type="checkbox"/>
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- h Provide the following information about the supported organization(s).

(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 monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	96,298 12	95,948 95	87,481 71	100,020 06	87,674 32	467,423 16
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	96,298 12	95,948 95	87,481 71	100,020 06	87,674 32	467,423 16
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)						
6 Public support. Subtract line 5 from line 4.						467,423 16

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	96,298 12	95,948 95	87,481 71	100,020 06	87,674 32	467,423 16
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	1 61	1 61
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	4,224 88
11 Total support. Add lines 7 through 10						471,649 65
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2013 (line 6, column (f) divided by line 11, column (f))	14	99 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	100 %
16a 33¹/₃% support test—2013. 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 33¹/₃% support test—2012. 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—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-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"/>		

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Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part 2, line 10: the \$4,224.88 represents revenues from charitable fund-raising activities

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

84-1397960

Resource for Employees

Form 990-EZ, Part 1, Line 20. The ending funds balance for last year (2012) was \$100,667 66. However, when you add the beginning balances of the three actual accounts that are under the control of the association for 2013 (See Attachment #4), the total is \$104,511 90. When the association assumed management of the Christmas for Families program, there were two fund accounts that were taken over by this organization (account #11735453 and account #10058212, See Attachment #4). We believe that the balance that was in those accounts when we took them over was inadvertently omitted from the 2012 return. It probably should have been reported as other income of \$3,844.24 on the 2012 return, which would have made the ending balance for 2012 \$104,511 90. If that were the case, given the income and expenses of 2013, the ending balance of \$125,816 17 for 2013 would match the actual ending balance funds in our three accounts as of December 31, 2013.

Attachment #1

Form 990, C—Name of Organization:

Current name: 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.

In addition, through an activity called Christmas for Families, the association collects cash and in-kind donations of goods (toys, clothing, food, etc.) for distribution to needy families for Christmas. The cash is used to purchase additional goods of a similar kind. All donations are distributed to families in the community selected by the board of directors and other volunteers.

CARE Committee

2013 Employee Financial Assistance

CY2013 CARE Program Expense/Income Sheet

Date	Emp	Description	Expense	Income	Balance
Jan-13		Calendar Year 2012 Carryover			\$97,452.32
Jan-13			\$0.00		\$97,452.32
Jan-13		Deposit-BEA Payroll		\$4,963.08	\$102,415.40
Jan-13		Deposit-CWI Payroll		\$1,770.00	\$104,185.40
Feb-13		Deposit-BEA Payroll		\$4,510.12	\$108,695.52
Feb-13		Deposit-CWI Payroll		\$1,764.00	\$110,459.52
Mar-13		Deposit-BEA Payroll		\$5,181.70	\$115,641.22
Mar-13		Deposit-CWI Payroll		\$2,184.00	\$117,825.22
Apr-13	1	Assist with new furnace for home	\$6,434.73		\$111,390.49
Apr-13		Deposit-BEA Payroll		\$3,928.34	\$115,318.83
Apr-13		Deposit-CWI Payroll		\$1,724.00	\$117,042.83
May-13		Deposit BEA Payroll		\$4,794.75	\$121,837.58
May-13		Deposit CWI Payroll		\$2,155.00	\$123,992.58
Jun-13	2	Assist with excessive meds and other expenses due to serious med. Condition	\$13,260.65		\$110,731.93
Jun-13	3	Assist with expenses due to serious medical condition	\$2,844.40		\$107,887.53
Jun-13		Deposit BEA Payroll		\$3,793.64	\$111,681.17
Jun-13		Deposit CWI Payroll		\$1,724.00	\$113,405.17
Jul-13		Deposit BEA Payroll		\$ 3,741.22	\$117,146.39
Jul-13		Deposit CWI Payroll		\$ 1,724.00	\$118,870.39
Aug-13	4	Assist with excessive medicals and past due expenses	\$7,341.73		\$111,528.66
Aug-13		Deposit BEA Payroll		\$4,636.75	\$116,165.41
Aug-13		Deposit CWI Payroll		\$2,131.00	\$118,296.41
Sep-13	5	Assist with excessive expenses both medical and past due	\$ 17,142.02		\$101,154.39
Sep-13		Deposit BEA Payroll		\$3,704.30	\$104,858.69
Sep-13		Deposit CWI Payroll		\$1,693.00	\$106,551.69
Oct-13		Deposit BEA Payroll		\$3,684.05	\$110,235.74
Oct-13		Deposit CWI Payroll		\$1,692.00	\$111,927.74
Oct-13	6	Assist with past due mortgage and utilities	\$2,086.27		\$109,841.47
Nov-13		Deposit BEA Payroll		\$4,592.25	\$114,433.72
Nov-13		Deposit CWI Payroll		\$2,097.00	\$116,530.72
Dec-13		Deposit BEA Payroll		\$3,667.80	\$120,198.52
Dec-13		Deposit CWI Payroll		\$1,664.00	\$121,862.52
Dec-13	7	Assist with pay due mortgage and utilities and medical expenses	\$5,065.15		\$116,797.37
		<i>Totals</i>	\$ 54,174.95	\$73,520.00	

CY2013 Christmas for Families Account #11735453 Checking Account

1/1/13	Carry Forward Balance as of December 31, 2012				\$4,675.10
1/8/13	Check #1085 Mike Smart *Check(s) Exchange	\$315.00	\$0.00		\$4,360.10
1/14/13	ACH Payment (Wal-Mart Auto Check # 1086 Family # 53 Four Children (Family was at Primary Children until after Christmas) Basics: Bedding and pillows. Purchased food for this family)	\$500.00	\$0.00		\$3,860.10
1/16/13	ACH Payment BillMetrix Bill Pay Fee (Intermountain Gas)	\$2.75	\$0.00		\$3,857.35
1/16/13	ACH Payment Intermountain Gas Bill (Family # 74 (Late Submittal Family). Family needed assistance with heating bill.	\$320.54	\$0.00		\$3,536.81
1/16/13	Deposit	\$0.00	\$905.00		\$4,441.81
1/25/13	Deposit	\$0.00	\$42.00		\$4,483.81
2/1/13	Transfer deposit	\$0.00	\$1,732.35		\$6,216.16
3/1/13	Transfer deposit reversed (Bank took the money from the CARE account instead of account # 10058212.	\$1,732.35	\$0.00		\$4,483.81
3/4/13	Deposit	\$0.00	\$23.96		\$4,507.77
3/12/13	Check #1026 John Anderson Family #13 (Needed Additional Funds to Help Family with Food and Household Expenses Check was written 12/12/2013 but not cashed until March)	\$300.00	\$0.00		\$4,207.77
3/22/13	Check #1087 Southtowne Storage (Annual Rental Fee 10'x 25')	\$850.00	\$0.00		\$3,357.77
8/6/13	Deposit	\$0.00	\$340.14		\$3,697.91
8/20/13	Check #1088 Desi Reagan *Check(s) Exchange	\$20.00	\$0.00		\$3,677.91
10/7/13	Deposit (Fund Raiser)	\$0.00	\$4,224.88		\$7,902.79
10/16/13	ACH Payment (Charge for Printing Checks)	\$29.15	\$0.00		\$7,873.64
11/7/13	Deposit	\$0.00	\$393.90		\$8,267.54

EXHIBIT

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11/8/13	Check #1089 Jean Holdren *Check(s) Exchange	\$890.00	\$0.00	\$7,377.54
11/8/13	Deposit	\$0.00	\$890.00	\$8,267.54
11/18/13	Check #1089 Marcia Pratt *Check(s) Exchange	\$0.00	\$130.00	\$8,397.54
11/18/13	Deposit	\$130.00	\$0.00	\$8,527.54
11/18/13	Check #1151 Desiree Reagan *Check(s) Exchange	\$40.00	\$0.00	\$8,567.54
11/26/13	Deposit	\$0.00	\$40.00	\$8,607.54
11/26/13	Check #1151 (Family #11 Three Children Basics: boots, gloves, coats, pants, shirts, socks, shoes, undergarments, and a small toy for each child)	\$375.00	\$0.00	\$7,892.54
12/3/13	Check #1153 Josies Styling Salon (Seven Santa Hair and Beards) Bi-Annual Cleaning	\$150.00	\$0.00	\$7,742.54
12/6/13	Check #1154 (Family #26 Three Children and Family #48 Four Children Basics boots, gloves, coats, pants, shirts, socks, shoes, undergarments, and a small toy for each child)	\$875.00	\$0.00	\$6,867.54
12/6/13	Check #1155 (Supplies, Shipping, Tape, Black Markers, and Trash Bags) AGH Payment Walmart	\$21.54	\$0.00	\$6,846.00
12/7/13	Check #1156 Bev Novak *Check(s) Exchange	\$575.00	\$0.00	\$6,271.00
12/16/13	Check #1161 AGH Payment to Walmart Shipping tape for food boxes	\$15.78	\$0.00	\$6,255.22
12/16/13	Deposit	\$0.00	\$714.40	\$6,969.62
12/16/13	Deposit	\$0.00	\$6,986.00	\$13,955.62
12/17/13	Check #1157 Renee Hadden Family # 32 Four children basics, boots, gloves, coats, pants, shirts, socks, shoes, undergarments, and a small toy for each child)	\$650.00	\$0.00	\$13,305.62
12/17/13	Check #1158 Winco Case Lot food	\$4042.48	\$0.00	\$9,263.14

12/17/13	Check #1159 Johnathon Howell Family #19 two children basics, boots, gloves, coats, pants, shirts, socks, shoes, undergarments, and a small toy for each child)	\$300.00	\$0.00	\$8,963.14
12/17/13	Deposit	\$0.00	\$191.33	\$9,154.47
12/18/13	Idaho Treatment Project (Mike Smart) 5 families Family No.s 1a,1b, 17, 33 and 42: Basics for all five families	\$4,000.00	\$0.00	\$5,154.47
12/20/13	Check # 1163 Scott Ferrira Family # 18 basic needs	\$100.00	\$0.00	\$5,054.47
12/20/13	Deposit	\$0.00	\$100.00	\$5,154.47
12/20/13	Deposit	\$0.00	\$822.00	\$5,976.47
12/23/13	Check #1160 Denise Serr Family #30 five children basics, boots, gloves, coats, pants, shirts, socks, shoes, undergarments, and a small toy for each child) . EXTRA FUNDS WERE RETURNED TO THE CHRISTMAS FOR FAMILIES ACCOUNT VIA CHECK FROM DENISE SERR	\$1,031.00	\$0.00	\$4,945.47
12/23/13	Check # 1165 ACH Payment to Walmart - Family No 30 Five children basics, boots, gloves, coats, pants, shirts, socks, shoes, undergarments, and a small toy for each child)	\$578.08	\$0.00	\$4,367.39
12/23/13	Deposit (Deposited back from Denise Serr from Family #30)	\$0.00	\$505.00	\$4,872.39
12/26/13	Check # 1166 ACH Payment to Walmart - shoes for family No. 18 - small Christmas items - stocking stuffers	\$86.01	\$0.00	\$4,786.38
12/26/13	Check # 1167 ACH Payment to Walmart - Family No 40 \$150.00 food gift card and small stocking stuffers	\$200.30	\$0.00	\$4,586.08
	Totals	\$18,129.98	\$18,040.96	

*Check(s) Exchange - Checks that are written out to the CFF program are Deposited and a check equal to that amount is written out to the volunteer coordinator. The coordinator then is responsible for the purchase of items for the families. We chose to initiate a *Check(s) Exchange rather than provide the coordinators with cash.

CY2013 Christmas for Families Account #10058212 (savings account for ITG group)

Date	Description	Expense	Deposit	Balance
	Beginning Balance January 2013			\$2,384.48
1/9/2013	Deposit	\$0.00	\$1,732.35	\$4,116.83
2/7/2013	Deposit	\$0.00	\$93.00	\$4,209.83
3/14/2013	Deposit	\$0.00	\$200.00	\$4,409.83
3/31/2013	Interest deposit	\$0.00	\$0.50	\$4,410.33
1/25/2013	Transfer withdrawal - Jane Strong	\$23.96	\$0.00	\$4,386.37
6/30/2013	Interest deposit	\$0.00	\$0.55	\$4,386.92
8/1/2013	Deposit	\$0.00	\$45.24	\$4,432.16
9/30/2013	Interest deposit	\$0.00	\$0.56	\$4,432.72
				\$4,432.72

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
Sheri Andreason P.O. Box 1625 Idaho Falls, ID 83415-5108	Community Member/2 hours
Randy Elwood P.O. Box 1625 Idaho Falls, ID 83415-9110	Community Member/2 hours
Victor Stanley P.O. Box 1625 Idaho Falls, ID 83415-2520	Community Member/2 hours
Michael Colson P.O. Box 1625 Idaho Falls, ID 83415-3226	Community Member/2 hours
Stacey Francis P.O. Box 1625 Idaho Falls, ID 83415-1303	Community Member/2 hours
Debby Myler P.O. Box 1625 Idaho Falls, ID 83415-9101	Community Member/2 hours
William Waetje P.O. Box 1625 Idaho Falls, ID 83415-6188	Community Member/2 hours

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

Part VI, Item 82b: Statement of Donated Services

The Battelle Energy Alliance, LLC (BEA) and CH2M-WG Idaho, LLC (CWI)
Community Assistance and Resource for Employees receives the following services from
BEA and CWI, in kind and at not cost to the organization:

- 1) The services of personnel who are on the payroll of BEA and CWI
- 2) The use of office space
- 3) The use of office equipment and facilities
- 4) Printing and postage
- 5) Professional services
- 6) General overhead

The dollar value of these services is no more than \$50,000 for 2013.