

e-FILING REPORT COVER SHEET

COMPANY NAME:

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? No Yes If yes, submit a redacted public version (or a cover letter) by email. Submit the confidential information as directed in OAR 860-001-0070 or the terms of an applicable protective order. Select report type: RE (Electric) RG (Gas) RW (Water) RT (Telecommunications) RO (Other, for example, industry safety information) Did you previously file a similar report? Yes, report docket number: Report is required by: OAR Statute Order Note: A one-time submission required by an order is a compliance filing and not a report (file compliance in the applicable docket) Other (For example, federal regulations, or requested by Staff) Is this report associated with a specific docket/case? Yes, docket number:

List Key Words for this report. We use these to improve search results.

Send the completed Cover Sheet and the Report in an email addressed to PUC.FilingCenter@puc.oregon.gov

Send confidential information, voluminous reports, or energy utility Results of Operations Reports to PUC Filing Center, PO Box 1088, Salem, OR 97308-1088 or by delivery service to 201 High Street SE Suite 100, Salem, OR 97301.



MATTHEW T. LARKIN Revenue Requirement Senior Manager mlarkin@idahopower.com

March 31, 2022

VIA ELECTRONIC FILING

PUC.FilingCenter@state.or.us

Re: Idaho Power Company's Budget of Expenditures Report for the Year 2022

Attention Filing Center:

Pursuant to OAR 860-027-0005 and ORS 757.105, Idaho Power Company transmits for electronic filing its Budget of Expenditures Report for the Year 2022.

If you have any questions, please call me at 208-388-2461.

Very truly yours,

Matthew T. Larkin

MTL:sg Enclosures



BUDGET OF EXPENDITURES REPORT FOR THE YEAR 2022

GENERAL INSTRUCTIONS

- 1. A Budget of Expenditures Report must be submitted by all utilities operating within the State of Oregon in accordance with Oregon Revised Statute 757.105.
- The Budget of Expenditures Report should be completed and filed with the Public Utility Commission of Oregon Filing Center. Complete the e-Filing Report Cover Sheet found at: <u>https://www.oregon.gov/puc/forms/Forms%20and%20Reports/efiling-report-cover-sheet-FM050.pdf</u>. Email both the report and cover sheet to PUC.FilingCenter@puc.oregon.gov no later than March 31st.
- Each section should be completed fully and accurately. Where the words "None" or "Not Applicable" truly and completely state the fact, they should be given as the answer.
- 4. Any additional statements or explanatory remarks should be included in the email as an attachment in Microsoft Word document format or text-searchable PDF.
- 5. Expenditures should be referenced by the applicable account number of the Uniform System of Accounts, adopted by the Commission, and to which the utility is subject.
- 6. All entries should be typewritten or made with permanent ink.
- 7. Report all amounts in whole dollars only, omit cents.

FULL NAME OF UTILITY

IDAHO POWER COMPANY

| ADDRESS OF PRINCIPAL OFFICE | CITY STATE | | ZIP CODE | | | |
|--|-----------------------|-----------------------------------|----------|----------------|--|--|
| 1221 WEST IDAHO STREET | BOISE | | 83702 | | | |
| ADDRESS OF PRINCIPAL OFFICE IN OREGON (IF OT | CITY | STATE | ZIP CODE | | | |
| | | | | | | |
| STATE OF INCORPORATION | DATE OF INCORPORATION | TYPE OF ORGANIZATION IF NOT INCOF | RPORATED | DATE ORGANIZED | | |
| IDAHO | JUNE 30, 1989 | | | | | |
| | | | | | | |

STATE THE CLASSES OF UTILITY AND OTHER SERVICES FURNISHED BY THE UTILITY IN EACH STATE IN WHICH THE UTILITY OPERATES

ELECTRIC - IDAHO and OREGON

| DIRECTORS AT DATE OF BUDGET | | | | | | |
|-----------------------------|-----------------------------|----------------|--------------|--|--|--|
| NAME OF DIRECTOR | CITY AND STATE OF RESIDENCE | LENGTH OF TERM | TERM EXPIRES | | | |
| DARREL T. ANDERSON | EAGLE, ID | 1 YEAR | MAY 19, 2022 | | | |
| ODETTE C. BOLANO | BOISE, ID | 1 YEAR | MAY 19, 2022 | | | |
| THOMAS E. CARLILE | BOISE, ID | 1 YEAR | MAY 19, 2022 | | | |
| RICHARD J. DAHL | MCCALL, ID | 1 YEAR | MAY 19, 2022 | | | |
| ANNETTE G. ELG | BOISE, ID | 1 YEAR | MAY 19, 2022 | | | |
| LISA A. GROW | EAGLE, ID | 1 YEAR | MAY 19, 2022 | | | |
| RONALD W. JIBSON | NORTH SALT LAKE, UT | 1 YEAR | MAY 19, 2022 | | | |
| JUDITH A. JOHANSEN | SCOTTSDALE, AZ | 1 YEAR | MAY 19, 2022 | | | |
| DENNIS L. JOHNSON | EAGLE, ID | 1 YEAR | MAY 19, 2022 | | | |
| JEFF C. KINNEEVEAUK | SCOTTSDALE, AZ | 1 YEAR | MAY 19, 2022 | | | |
| RICHARD J. NAVARRO | BOISE, ID | 1 YEAR | MAY 19, 2022 | | | |
| MARK T. PETERS | COLUMBUS, OH | 1 YEAR | MAY 19, 2022 | | | |

| NAM | | | | TITLE | | | |
|------------|--|--------|------------------|--|----------------------|--------|-----------------------|
| | n Adelman | T | | Vice President, Power Supply | | | |
| NO. | DESCRIPTION OF COMPENSATION | PAID E | SY COMPANY | ACCOUNT # | PAID BY AFFIL CO. | LIATED | NAME OF AFFLIATED CO. |
| 1 2 | Annual Salary | \$ | 34,191 10,519 | 101 152 | | | |
| 3 | | | 42,080 | 500 | | | |
| 4 | | | 176,210 | 539 | | | |
| 5 | Amount Assigned to Oregon | | 4 9 9 9 | 101 | | | |
| 6 7 | Medical and Dental Insurance | | 1,963 604 | 101 152 | | | |
| 8 | | | 2,416 | 500 | | | |
| 9 | | | 10,116 | 539 | | | |
| 10 | Life and Disability Insurance (1) | | 68 | 101 | | | |
| 11 | | | 21 | 152 | | | |
| 12 | | | 83 | 500 | | | |
| 13 14 | | | 349 | 539 | | | |
| 14 | NOLLEV Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan | | | 926 | | | |
| 16 | Pension Plan | | 70,455 | 101 | | | |
| 17 | Savings Plan | | 1,586 | 152 | | | |
| 18 | | | 488 | 500 | | | |
| 19 | R. | | 1,952 | 539 | | | |
| 20 | Stock Purchase Plan | | 8,174 | | | | |
| 21 22 | Stock Purchase Plan Paid Parking | | | | | | |
| 23 | Memberships | | | | | | |
| 24 | Other Benefits | | | | | | |
| 25 | Total Other Compensation | | 98,275 | | | | |
| 26 | Percent Assigned to Oregon | | 5.87% | | | | |
| 27 | Deferred Comp. In Salary (2) Bonus Paid in Prior Year (3) | | 0.40.005 | 920 | | | |
| 28 NAME | | | 342,025 | TITLE | | | |
| | - n Buckham | | | Sr. Vice President and Chief Financial Officer | | | |
| NO. | DESCRIPTION OF COMPENSATION | PAID E | BY COMPANY | ACCOUNT # | PAID BY AFFIL CO. | LIATED | NAME OF AFFLIATED CO. |
| 1 | Annual Salary | \$ | 457,380 | 920 | \$ | 4,620 | IDACORP |
| 2 | Amount Assigned to Oregon | | | | | | |
| 3 | Medical and Dental Insurance | | 13,457 | 920 | | 136 | IDACORP |
| 4 | Life and Disability Insurance (1) | | 906 | 920 | | 9 | IDACORP |
| 5 6 | Discount on Utility Services | | | | | | |
| 7 | Pension Plan | | 69,750 | 926 | | 705 | IDACORP |
| 8 | Savings Plan | | 12,078 | 920 | | 122 | IDACORP |
| 9 | Stock Purchase Plan | | | | | | |
| 10 | Paid Parking | | | | | | |
| 11 | O Memberships | | | | | | |
| 12 13 | Conter Benefits エ Total Other Compensation | | 96,191 | | | 972 | IDACORP |
| 13 | 법 Total Other Compensation Percent Assigned to Oregon | | 5.87% | | | 312 | |
| 15 | Deferred Comp. In Salary (2) | | 0.01 /0 | | | | |
| 16 | Bonus Paid in Prior Year (3) | | 1,020,381 | 920 | | 10,307 | |

| NAM | E | | | TITLE | | | |
|--------|--|--------------------------|-----------------|---|---------------------------|-----------------------|--|
| | h Colburn | | | Vice President, Planning, Engineering, and Construction | | | |
| NO. | DESCRIPTION OF COMPENSATION | | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. | |
| 1 | Annual Salary | | \$ 163,274 | 101 | | | |
| 2 | | | 28,524 | 560 | | | |
| 3 | | | 45,964 | 580 | | | |
| 4 | | | 2,238 | 920 | | | |
| 5 | Amount Assigned to Oregon | | | | | | |
| 6 | Medical and Dental Insurance | | 3,865 | 101 | | | |
| 7 | | | 675 | 560 | | | |
| 8 | | | 1,088 | 580 | | | |
| 9 | | | 53 | 920 | | | |
| 10 | Z Life and Disability Insurance | (1) | 323 | 101 | | | |
| 11 | [<u>2</u>] | | 56 | 560 | | | |
| 12 | | | 91 | 580 | | | |
| 13 | | | 4 | 920 | | | |
| 14 | Life and Disability Insurance OLLEV Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan | | | | | | |
| 15 | Discount on Utility Service | | | | | | |
| 16 | Pension Plan | | 70,455 | 926 | | | |
| 17 | O Savings Plan | | 8,300 | 101 | | | |
| 18 | | | 1,450 | 560 | | | |
| 19 | 笛 | | 2,337 | 580 | | | |
| 20 | 王 | | 114 | 920 | | | |
| 21 | Х ЭН U Stock Purchase Plan | | | | | | |
| 22 | Paid Parking | | | | | | |
| 23 | Memberships | | | | | | |
| 24 | Other Benefits | | | | | | |
| 25 | Total Other Compensation | | 88,811 | | | | |
| 26 | Percent Assigned to Oregon | | 5.87% | | | | |
| 27 | Deferred Comp. In Salary | (2) | | | | | |
| 28 | Bonus Paid in Prior Year | (3) | 273,139 | 920 | | | |
| NAM | E ah E. Griffin | | | TITLE Vice President, Human Resources | | | |
| NO. | DESCRIPTION OF COMPENSATION | T | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED | NAME OF AFFLIATED CO. | |
| NO. | | | | ACCOUNT # | CO. | NAME OF ATTELATED CO. | |
| 1 | Annual Salary | T | \$ 267,300 | 920 | \$ 2,700 | IDACORP | |
| 2 | Amount Assigned to Oregon | | 6.242 | 000 | | | |
| 3 | Medical and Dental Insurance | | 6,343 | 920 | 64 | IDACORP | |
| 4 | Nedical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships | (1) | 529 | 920 | 5 | IDACORP | |
| 5 | Income Protection Insurance | | | | | | |
| 6 | Discount on Utility Services | | 00.750 | 000 | 705 | | |
| 7 | Bension Plan | | 69,750 | 926 | 705 | IDACORP | |
| 8 9 | Savings Plan | | 12,078 | 920 | 122 | IDACORP | |
| | Stock Purchase Plan | | | | | | |
| 10 | 6 Paid Parking | | | | | | |
| 11 | O Memberships | | | | | | |
| 12 | 산 Other Benefits Total Other Compensation | | 00 700 | | | | |
| 13 | Total Other Compensation | | 88,700 | | 896 | IDACORP | |
| 14 | Percent Assigned to Oregon | $\langle \alpha \rangle$ | 5.87% | | | | |
| 15 | Deferred Comp. In Salary | (2) | 044 047 | 000 | | | |
| 16 | Bonus Paid in Prior Year | (3) | 341,247 | 920 | 3,447 | IDACORP | |

INSTRUCTIONS: Complete the information requested for each active and retired Executive Officer. An Executive Officer's salary and other compensation paid by an affiliated company should also be shown. An Executive Officer directs or controls the policies and business of the utility or is entrusted or charged with administrative duties to carry those policies into effect. All proposed changes in position and salaries of Executive Officers from the previous Budget of Expenditures Report or supplemental budgets should be fully explained. Please report bonus information for the bonus earned the prior year but forecast to be paid in the budget year. Report whole dollars only.

| NAME | | | TITLE | | |
|------------|--|-------------------|--------------|---|--------------------------|
| Lisa | A. Grow | | President an | | |
| NO. | DESCRIPTION OF COMPENSATION | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. |
| 1 | Annual Salary | \$ 841,500 | 920 | \$ 8,500 | IDACORP |
| 2 3 | Amount Assigned to Oregon | 13,457 | 920 | 136 | IDACORP |
| 4 | Needical and Dental Insurance (1) Life and Disability Insurance (1) Income Protection Insurance 1 Discount on Utility Services 1 Savings Plan 1 Stock Purchase Plan 1 Paid Parking 1 Memberships 1 | 980 | 920 | 10 | IDACORP |
| 5 | Income Protection Insurance | | | | |
| 6 | Discount on Utility Services | | | | |
| 7 | の Pension Plan | 69,750 | 926 | 705 | IDACORP |
| 8 9 | Savings Plan | 12,078 | 920 | 122 | IDACORP |
| 10 | Paid Parking | | | | |
| 11 | | | | | |
| 12 | Conter Benefits Total Other Compensation | | | | |
| 13 | | 96,265 | | 973 | IDACORP |
| 14 15 | Percent Assigned to Oregon Deferred Comp. In Salary (2) | 5.87% | | | |
| 16 | Deferred Comp. In Salary (2) Bonus Paid in Prior Year (3) | 3,281,638 | 920 | 33,148 | IDACORP |
| NAM | | , , | TITLE | , | i. |
| | Anchey DESCRIPTION OF COMPENSATION | | | , Customer Operations and PAID BY AFFILIATED CO. | |
| NO. | | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. |
| 1 | Annual Salary | \$ 96,753 | 101 | | |
| 2 3 | | 55,714 100,333 | 580 901 | | |
| 4 | Amount Assigned to Oregon | 100,333 | 901 | | |
| 5 | Medical and Dental Insurance | 4,042 | 101 | | |
| 6 | | 2,327 | 580 | | |
| 7 | - Life and Dissebility Insurance (1) | 4,191 | 901 101 | | |
| 8 9 | Life and Disability Insurance (1) | 191 110 | 580 | | |
| 10 | Life and Disability Insurance (1) | 199 | 901 | | |
| 11 | Income Protection Insurance | | | | |
| 12 | Discount on Utility Services Hermitian Pension Plan Savings Plan OO | | | | |
| 13 | Pension Plan | 70,455 | 926 101 | | |
| 14 15 | Savings Plan | 4,669 2,689 | 580 | | |
| 40 | | 4,842 | 901 | | |
| 17 | ビ U Stock Purchase Plan エ Paid Parking | | | | |
| 10 | | | | | |
| 19 20 | O Memberships Other Benefits | | | | |
| 20 | Total Other Compensation | 93,715 | | | |
| 22 | Percent Assigned to Oregon | 5.87% | | | |
| 23 | Deferred Comp. In Salary (2) | | | | |
| 24 NAME | Bonus Paid in Prior Year (3) | 328,178 | 920 TITLE | | |
| | - ick A. Harrington | | | nt, General Counsel and | Corporate Secretary |
| NO. | DESCRIPTION OF COMPENSATION | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. |
| 1 | Annual Salary | \$ 278,671 | 920 | \$ 1,329 | IDACORP |
| 2 | Amount Assigned to Oregon | | | _ | |
| 3 4 | Medical and Dental Insurance Life and Disability Insurance (1) | 10,510 | 920 | 50 | IDACORP IDACORP |
| 4 5 | Needical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Stock Purchase Plan Paid Parking Output Membershins | 552 | 920 | 3 | IDAGURP |
| 6 | Z Discount on Utility Services | | | | |
| 7 | က္ဆို Pension Plan | 70,121 | 926 | 334 | IDACORP |
| 8 | Savings Plan | 12,142 | 920 | 58 | IDACORP |
| 9 10 | G Stock Purchase Plan | | | | |
| 10 | | | | | |
| 12 | ℃ Other Benefits | | | | |
| 13 | 王 Total Other Compensation | 93,325 | | 445 | IDACORP |
| 14 | Percent Assigned to Oregon | 5.87% | | | |
| 15 16 | Deferred Comp. In Salary (2) Bonus Paid in Prior Year (3) | 284,657 | 920 | 1,358 | IDACORP |
| 10 | | 204,007 | 520 | 1,000 | |

PUC FORM 354 (12-2021)

| NAM | | | TITLE | ion Tochnology and Chief I | nformation Officer |
|-------------|--|-----------------|---------------|--|--------------------------|
| NO. | DESCRIPTION OF COMPENSATION | PAID BY COMPANY | ACCOUNT # | ion Technology and Chief I PAID BY AFFILIATED CO. | NAME OF AFFLIATED |
| | | | | | CO. |
| 1 | Annual Salary | \$ 240,000 | 920 | | |
| 2 | Amount Assigned to Oregon | 15 000 | 000 | | |
| 3 | Medical and Dental Insurance Life and Disability Insurance (1) | 15,098 475 | 920 920 | | |
| 4 5 | OLife and Disability Insurance(1)Income Protection Insurance | 475 | 920 | | |
| 6 | Z Discount on Utility Services | | | | |
| 6 7 | Niedical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Lick Purchase Plan Paid Parking Output Output Membershins | 70,455 | 926 | | |
| 8 | Savings Plan | 12,200 | 920 | | |
| 9 | Stock Purchase Plan | | | | |
| 10 | Paid Parking | | | | |
| 11 | | | | | |
| 12 | Here Benefits Total Other Compensation Percent Assigned to Oregon | | | | |
| 13 | Total Other Compensation | 98,228 | | | |
| 14 | Percent Assigned to Oregon | 5.87% | | | |
| 15 16 | Deferred Comp. In Salary (2) Bonus Paid in Prior Year (3) | 279,757 | 920 | | |
| | | 279,757 | TITLE | | |
| NAM | ₌ ′en R. Keen | | Senior Vice F | President | |
| NO. | DESCRIPTION OF COMPENSATION | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED |
| 1 | Annual Salary | \$ 511,379 | 920 | \$ 5,621 | CO. IDACORP |
| 2 | Amount Assigned to Oregon | ψ 511,378 | 520 | ψ 0,021 | |
| 3 | Modical and Dontal Insurance | 14,934 | 920 | 164 | IDACORP |
| 4 | C Life and Disability Insurance (1) | 979 | 920 | 11 | IDACORP |
| 5 | Income Protection Insurance | | | | |
| 5 6 7 | Neuclaration Distantice Life and Disability Insurance OLL Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Life Add Parking OULD Memberships | | | | |
| 7 | တ္တို Pension Plan | 69,689 | 926 | 766 | IDACORP |
| 8 | Savings Plan | 12,067 | 920 | 133 | IDACORP |
| 9 | Stock Purchase Plan | | | | |
| 10 11 | Paid Parking O Memberships | | | | |
| 12 | | | | | |
| 13 | | 97,669 | | 1,074 | IDACORP |
| 14 | Total Other Compensation Percent Assigned to Oregon | 5.87% | | 1,074 | |
| 15 | Deferred Comp. In Salary (2) | 0.0170 | | | |
| 16 | Bonus Paid in Prior Year (3) | 1,198,104 | 920 | 13,169 | IDACORP |
| NAM | | | TITLE | | 0 |
| | ra Leithauser DESCRIPTION OF COMPENSATION | | | t of Corporate Services and | |
| NO. | DESCRIPTION OF COMPENSATION | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. |
| 1 | Annual Salary | \$ 24,200 | 101 | | |
| 2 | - | 48,400 | 580 | | |
| 3 | | 166,980 | 920 | \$ 2,420 | IDACORP |
| 4 | Amount Assigned to Oregon | | | | |
| 5 | Medical and Dental Insurance | 869 | 101 | | |
| 6 | | 1,738 | 580 | | |
| 7 | | 5,996 | 920 | 87 | IDACORP |
| 8 9 | Z Life and Disability Insurance (1) | 48 96 | 101 | | |
| 9 10 | Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan | 331 | 580 920 | 5 | IDACORP |
| 10 | Income Protection Insurance | 301 | 520 | 5 | IDAGONE |
| 12 | Discount on Utility Services | | | | |
| 13 | Pension Plan | 69,750 | 926 | 705 | IDACORP |
| 14 | Savings Plan | 1,220 | 101 | | |
| 15 | | 2,440 | 580 | | |
| 16 | | 8,418 | 920 | 122 | IDACORP |
| 17 | Example Stock Purchase Plan H Paid Parking O Memberships | | | | |
| 18 | 亡 Paid Parking | | | | |
| 19 | | | | | |
| 20 | Other Benefits | 00.000 | | 040 | |
| 21 22 | Total Other Compensation | 90,906 5.87% | | 919 | IDACORP |
| 22 23 | Percent Assigned to Oregon Deferred Comp. In Salary (2) | 0.07% | | | |
| 23 | Bonus Paid in Prior Year (3) | 321,535 | 920 | 3,248 | IDACORP |
| | (0) | | | -,- • | |

| NAM | | | | TITLE | | |
|----------|---|--------|--------------------|------------|--------------------------|--------------------------|
| Jeffr | ey L. Malmen | | | | ident of Public Affairs | |
| NO. | DESCRIPTION OF COMPENSATION | PAID B | Y COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. |
| 1 | Annual Salary | \$ | 279,000 | 920 | | |
| 2 | | | 93,000 | 426 | | |
| 3 | Amount Assigned to Oregon | | | | | |
| 4 | Medical and Dental Insurance | | 13,727 | 920 | | |
| 5 | | | 4,576 | 426 | | |
| 6 | Life and Disability Insurance (1) | | 552 | 920 | | |
| 7 | Z | | 184 | 426 | | |
| 8 | NOLL Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan | | | | | |
| 9 | Discount on Utility Service | | | | | |
| 10 | Pension Plan | | 52,841 | 926 | | |
| 11 | NN | | 17,614 | 426 | | |
| 12 | Savings Plan | | 9,150 | 920 | | |
| 13 | MA | | 3,050 | 426 | | |
| 14 | O Stock Purchase Plan | | | | | |
| 15 | Paid Parking | | | | | |
| 16 | Paid Parking Memberships Other Benefits O Total Other Compensation | | | | | |
| 17 | T Other Benefits | | | | | |
| 18 | O Total Other Compensation | | 101,694 | | | |
| 19 | Percent Assigned to Oregon | | 5.87% | | | |
| 20 | Deferred Comp. In Salary (2) | | | | | |
| 21 22 | Bonus Paid in Prior Year (3) | | 609,135 203,045 | 920 426 | | |
| NAM | = | | 203,043 | TITLE | | |
| | _ W. Petersen | | | | nt, Chief Accounting Off | |
| NO. | DESCRIPTION OF COMPENSATION | PAID B | Y COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. |
| 1 | Annual Salary | \$ | 325,121 | 920 | \$ 379 | IDACORP |
| 2 | Amount Assigned to Oregon | | | | | |
| 3 | Medical and Dental Insurance | | 6,039 | 920 | 7 | IDACORP |
| 4 | Niedical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Life Arking Output Memberships | | 643 | 920 | 1 | IDACORP |
| 5 | ☐ Income Protection Insurance | | | | | |
| 6 | Discount on Utility Services | | | | | |
| 7 | Pension Plan | | 70,373 | 926 | 82 | IDACORP |
| 8 | Savings Plan | | 12,186 | 920 | 14 | IDACORP |
| 9 | Stock Purchase Plan | | | | | |
| 10 | Paid Parking | | | | | |
| 11 | O Memberships | | | | | |
| 12 | Hereits Total Other Compensation Percent Assigned to Oregon | | 00.044 | | | 1040000 |
| 13 | Total Other Compensation | | 89,241 | | 104 | IDACORP |
| 14 | D Percent Assigned to Oregon | | 5.87% | | | |
| 15 | Deferred Comp. In Salary (2) | 1 | 400.000 | 000 | 400 | |
| 16 | Bonus Paid in Prior Year (3) | | 422,293 | 920 | 492 | IDACORP |

| NAM | E | | TITLE | | | |
|--------|--|-----------------|--|---------------------------|-----------------------|--|
| | _ m J. Richins | | Sr. Vice President and Chief Operating Officer | | | |
| NO. | DESCRIPTION OF COMPENSATION | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. | |
| 1 | Annual Salary | \$ 61,013 | 101 | | | |
| 2 | | 34,811 | 580 | | | |
| 3 | | 61,643 | 901 | | | |
| 4 | | 327,532 | 920 | | | |
| 5 | Amount Assigned to Oregon | | | | | |
| 6 | Medical and Dental Insurance | 1,710 | 101 | | | |
| 7 | | 976 | 580 | | | |
| 8 | | 1,728 | 901 | | | |
| 9 | Z | 9,180 | 920 | | | |
| 10 | $\left \frac{\Theta}{\Theta} \right $ Life and Disability Insurance (1) | 121 | 101 | | | |
| 11 | | 69 | 580 | | | |
| 12 | | 122 | 901 | | | |
| 13 | | 649 | 920 | | | |
| 14 | Income Protection Insurance | | | | | |
| 15 | Discount on Utility Service | | | | | |
| 16 | Life and Disability Insurance (1) | 70,455 | 926 | | | |
| 17 | Savings Plan | 1,535 | 101 | | | |
| 18 | | 876 | 580 | | | |
| 19 | 芒 | 1,551 | 901 | | | |
| 20 | Savings Plan HLO | 8,239 | 920 | | | |
| 21 | Stock Purchase Plan | 0,200 | 020 | | | |
| 22 | Paid Parking | | | | | |
| 23 | Memberships | | | | | |
| 24 | Other Benefits | | | | | |
| 25 | Total Other Compensation | 97,211 | | | | |
| 26 | Percent Assigned to Oregon | 5.87% | | | | |
| 27 | Deferred Comp. In Salary (2) | 5.67 % | | | | |
| 28 | Bonus Paid in Prior Year (3) | 1,070,482 | 920 | | | |
| NAM | | , , | TITLE | • | | |
| Tim | E. Tatum | | Vice Preside | ent of Regulatory Affairs | | |
| NO. | DESCRIPTION OF COMPENSATION | PAID BY COMPANY | ACCOUNT # | PAID BY AFFILIATED CO. | NAME OF AFFLIATED CO. | |
| 1 | Annual Salary | \$ 275,000 | 920 | | | |
| 2 | Amount Assigned to Oregon | | | | | |
| 3 | Madia al and Dantal Incomence | 13,593 | 920 | | | |
| 4 | Niedical and Dental Insurance Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Edit Parking Output Memberships | 545 | 920 | | | |
| 5 | F Income Protection Insurance | | | | | |
| 6 7 | Discount on Utility Services | | | | | |
| 7 | Bension Plan | 70,455 | 926 | | | |
| 8 | Savings Plan | 12,200 | 920 | | | |
| 9 | Stock Purchase Plan | | | | | |
| 10 | Paid Parking | | | | | |
| 11 | O Memberships | | | | | |
| 12 | Cher Benefits | | | | | |
| 13 | Other Benefits Total Other Compensation O Percent Assigned to Oregon | 96,793 | | | | |
| 14 | Percent Assigned to Oregon | 5.87% | | | | |
| 15 | Deferred Comp. In Salary (2) | | | | | |
| 16 | Bonus Paid in Prior Year (3) | 360,196 | 920 | | | |
| - | | | | | | |

DONATIONS AND MEMBERSHIPS

INSTRUCTIONS: List all donations and membership expenditures proposed to be made by the utility during the coming year and the accounts to be charged. Give the name of each organization to whom a payment is to be made except that items less than \$1000 may be consolidated by category stating the number of organizations included. Group expenditures under headings such as:

- 1. Contributions to and memberships in charitable organizations
- 2. Organizations of the utility industry
- 3. Technical and professional organizations
- 4. Commercial and trade organizations
- 5. All other organizations and kinds of donations and contributions

List by type and group the accounts charged. Report whole dollars only. Provide a total for each group.

| NAME OF ORGANIZATION, CITY AND STATE | ACCOUNT NUMBER | TOTAL AMOUNT | AMOUNT ASSIGNED TO OREGON |
|--|----------------|--------------------|------------------------------|
| CONTRIBUTIONS TO AND MEMBERSHIPS IN: 1.Charitable Organizations: Culture & Arts | | | |
| Total Culture & Arts | | \$ 18,983 | |
| Civic & Community Total Civic & Community | | 145,532 | |
| Educational Total Educational | | 126,550 | |
| Health & Human Services-Direct Total Health & Human Services-Direct | | 316,375 | |
| Non-categorized TOTAL NON-CATEGORIZED Total Charitable Organizations | | 25,310 632,750 | |
| 2.Organizations of the Utility Industry: Total Organizations of the Utility Industry | | 1,147,029 | |
| 3.Technical and Professional Organizations: Total Technical and Professional Organizations | | 240,470 | |
| 4.Commercial and Trade Organizations: Total Commercial and Trade Organizations | | 48,250 | |
| 5.Other: Unspecified | | 477,435 | |
| Summary: None of Account 426 is assigned to the Oregon jurisdiction. | 426 | 1,071,633 | |
| The Company allocates account 254 on a jurisdictional basis, approximately 95% to Idaho and 5% to Oregon. | 254 | 295,451 | \$ 14,773 |
| 1/3 to 100% of the items recorded to accounts 908 & 930 are removed from the Company's revenue requirement when the Company files a General Rate Case and are paid for by the Company's Shareholders, consistent with prior orders issued by the Idaho Public Utilities Commission. However, for the purposes of this report, no amounts have been removed and because these are estimates the Company has allocated 5.87% of the total estimated for accounts 908 & 930, based on functionalized wages and salaries for Oregon. | 908 930 | 3,050 1,175,800 | 179 69,019 |
| Total | | \$ 2,545,934 | \$ 83,971 |

EXPENDITURES FOR PENSIONS OR A TRUST TO PROVIDE PENSIONS

INSTRUCTIONS: List all proposed payments to persons or trusts to provide pensions for employees and officers. Show all administrative and actuarial costs for formal pension plan. Give a brief description of the plan and show charges for current service costs, past service costs, and future service costs. Report whole dollars only.

| PENSION FUND PAYMENTS MADE TO | ACCOUNT NUMBER | TOTAL AMOUNT | AMOUNT ASSIGNED TO OREGON |
|--|----------------|--------------|------------------------------|
| Pension expenditures under Trusteed Retirement Plan, originally adopted 1/1/43, as amended: | | | |
| Operating Construction | 926 182.3 | | \$ 955,763 595,800 |
| | | | \$ 1,551,563 |
| The Retirement Plan of Idaho Power Company is a non-contributory trusteed plan providing, for employees hired prior to 2011, benefits of 1.5% of final 5 years average earnings multiplied by the years of credited service. Effective January 1, 2011, the benefit has been reduced to 1.2% for employees hired on or after that date. The 2021 ASC 715 pension expense was \$51.2 million (\$2.3 million Oregon portion), and the estimated 2022 ASC 715 pension expense is \$35.0 million (\$1.6 million estimated Oregon portion presented in the table). Note that \$1.0 million is expensed in the current budget year and the remaining portion is capitalized per Order 10-064. The 2021 service cost component was \$54.2 million, and the estimated 2022 service cost is \$52.7 million. Idaho Power estimates there will not be a minimum required contribution to be made in 2022. The Company olans to contribute between \$0 and \$40 million to the pension plan during 2022. Contributions made in 2021 were \$40 million. | | | |
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INSTRUCTIONS: List all proposed payments for advertising the purpose of which is to aid or defeat any measure before the people or to promote or prevent the enactment of any national, state, district, or municipal legislation. Give the specific purpose of such advertising, when and where to be placed, and the account or accounts to be charged. Report who dollars only.

None budgeted in 2022.

POLITICAL CONTRIBUTIONS

INSTRUCTIONS: List all proposed payments or contributions to persons and organizations for the purpose of aiding or defeating any measure before the people or to promote or prevent the enactment of any national, state, district, or municipal legislation. The purpose of all contributions or payments should be clearly explained. Report whole dollars only.

| Employee compensation, travel, etc. | \$ 861,764 | |
|-------------------------------------|-----------------|-----|
| Contract lobbying expenses | 441,000 | |
| Memberships | 29,000 | |
| Political contributions | 217,000 | |
| Other | 16,064 | |
| Total | \$ 1,564,828 | (1) |

(1) Please note these budget amounts are paid for entirely by the Company's Shareholders.

EXPENDITURES AND MAJOR CONTRACTS FOR THE PURCHASE OR SALE OF EQUIPMENT

INSTRUCTIONS: List all proposed expenditures and major contracts for the purchase or sale of equipment. Give the name and address of the person or organization with whom it is proposed to have such dealings and the account or accounts charged. Describe fully the equipment to be purchased or sold. Do not report estimates of routine construction projects. Limit the report to major contracts and expenditures. Report whole dollars only.

| NAME AND ADDRESS OF PERSON OR ORGANIZATION, DESCRIPTION OF EQUIPMENT | ACCOUNT NUMBER | TOTAL AMOUNT | AMOUNT ASSIGNED TO OREGON |
|---|----------------|--------------|------------------------------|
| Information regarding the purchase or sale of equipment will be provided pursuant to OAR 860-027-0015 & OAR 860-027-0025 as applicable. | | | |
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EXPENDITURES TO ANY PERSON OR ORGANIZATION HAVING AN AFFILIATED INTEREST FOR SERVICES, ETC.

INSTRUCTIONS: Report all proposed expenditures to any person or organization having an affiliated interest for service. Advice, auditing, association, sponsoring, engineering, managing, operating, financial, legal or other services. See Oregon Revised Statutes 757.015 and 759.010 for definition of "Affiliated Interest." Give reference if such proposed expenditures have in the past been approved by the Commission. Describe the services to be received and the account or accounts to be charged. Report whole dollars only.

| ACCOUNT NUMBER | TOTAL AMOUNT | AMOUNT ASSIGNED TO OREGON |
|---|--|---|
| | | |
| 417 (amounts are credited out of 417 and charged to IDACORP). | 4,551 386 24,960 1,724 10,723 1,729 16,197 1,942 9,441 4,420 6,702 17,596 5,652 1,342 2,102 3,698 4,221 4,445 114 \$ 121,945 | |
| | 417 (amounts are credited out of 417 and charged to | 417 (amounts 4,551 are credited out 386 of 417 and 24,960 charged to 1,724 IDACORP). 10,723 1,729 16,197 1,942 9,441 4,420 6,702 17,596 5,652 1,342 2,102 3,698 4,221 4,445 114 |

The foregoing report must be certified by an Officer of the reporting company.

I certify that this Budget of Expenditures Report has been prepared under my direction, that I have carefully examined the report and declare it to be a complete and correct estimate of company expenditures for the coming year, to the best of my knowledge, information, and belief.

SIGNATURE OF OFFICER DATE 22 NAME OF OFFICE DATE 29/22 Ken Petersen

Supplemental Information - Executive Officer Compensation Other Than Salary

1. Life and Disability Insurance

The amount shown represents the cost of life insurance.

The Company has a self-insured short-term and long-term disability plan for all regular employees.

2. Deferred Compensation

The Company has a non-qualified deferred compensation plan for certain members of management—including all officers. The plan provides for deferral of 50 percent of salary and/or bonuses, with distribution after the employee leaves IDACORP, or earlier if an early withdrawal is requested. Deferrals earn returns (or losses) in deemed investments, i.e., as if they had been invested in investment choices available under the Idaho Power Company Employee Savings Plan (ESP).

3. Incentive:

Annual Incentive Plan:

The Company's Executive Incentive Plan ties a portion of each executive's annual compensation to the achievement of specified financial and operational goals. The award opportunities for officers vary by position as a percentage of base salary ranging from 40 percent to 100 percent at target levels. This plan does not permit the payment of awards if there is no payment of awards under the employee incentive plan (a plan for non-executive employees). This portion of officer incentive is excluded in its entirety from the revenue requirement in general rate cases—costs are instead borne by the Company's Shareholders.

2000 Long-Term Incentive Plan

The Company has established a long-term incentive and compensation plan that includes all officers. This plan permits the grant of various forms of awards, including incentive stock options, nonqualified stock options (NQSOs), stock appreciation rights, restricted stock units, performance units, restricted stock and performance shares and other awards. Currently, performance units with two separate goals, Cumulative Earnings Per Share and relative Total Shareholder Return, are granted with three-year performance periods, and restricted stock units are granted with a time-based three-year restriction. The Compensation Committee of the Board of Directors has the authority to grant awards and make changes to this plan.