e-FILING REPORT COVER SHEET

Send completed Cover Sheet and the Report in an email addressed to: PUC.FilingCenter@state.or.us

REPORT NAME:	Budget of Exp	penditures Report for 2019
COMPANY NAME:	Idaho Power (Company
DOES REPORT CON	ITAIN CONFI	IDENTIAL INFORMATION? No Yes
• •	•	e cover letter electronically. Submit confidential information as directed in an applicable protective order.
If known, please selec	t designation:	RE (Electric) ☐RG (Gas) ☐RW (Water) ☐RO (Other)
Report is required by:	⊠OAR	860-027-0005
	∑ Statute	Revised 757.105
	Order	
	Other	
Is this report associate	d with a specif	fic docket/case? No Yes
If yes, enter do	ocket number: l	RE 74
List applicable Key W	ords for this re	eport to facilitate electronic search:
DO NOT electronical	lly file with th	ne PUC Filing Center:

- Annual Fee Statement form and payment remittance or
- OUS or RSPF Surcharge form or surcharge remittance or
- Any other Telecommunications Reporting or
- Any daily safety or safety incident reports or
- Accident reports required by ORS 654.715

Please file the above reports according to their individual instructions.



LISA D. NORDSTROM Lead Counsel Inordstrom@idahopower.com

March 28, 2019

Public Utility Commission of Oregon Filing Center 201 High Street SE, Suite 100 P.O. Box 1088 Salem, Oregon 97301

Re: Idaho Power Company's Budget of Expenditures Report for the Year 2019

Attention Filing Center:

Pursuant to OAR 860-027-0005 and ORS 757.105, Idaho Power Company herewith transmits for electronic filing its Budget of Expenditures Report for the Year 2019.

If you have any questions, please call me at 208-388-5825.

Very truly yours,

Lisa D. Nordstrom

Lin D. Madotrom

LDN:kkt

Enclosure

BUDGET OF EXPENDITURES REPORT FOR THE YEAR 2019

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.
- 2. 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:

 http://www.puc.state.or.us/eFiling/eReports/efiling_report_cover_sheet_FM050.pdf. Email both the report and cover sheet to PUC.FilingCenter@state.or.us no later than March 31st.
- 3. 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	ID	83702		
ADDRESS OF PRINCIPAL OFFICE IN OREGON (IF O	THER THAN ABOVE)	CITY	STATE	ZIP CODE		
STATE OF INCORPORATION	TYPE OF ORGANIZATION IF NOT INCOF	RPORATED	DATE ORGANIZED			
IDAHO						

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	BOISE, ID	1 YEAR	MAY 16, 2019				
THOMAS E. CARLILE	BOISE, ID	1 YEAR	MAY 16, 2019				
RICHARD J. DAHL	KAILUA, HI	1 YEAR	MAY 16, 2019				
ANNETTE G. ELG	BOISE, ID	1 YEAR	MAY 16, 2019				
RONALD W. JIBSON	NORTH SALT LAKE, UT	1 YEAR	MAY 16, 2019				
JUDITH A. JOHANSEN	SCOTTSDALE, AZ	1 YEAR	MAY 16, 2019				
DENNIS L. JOHNSON	EAGLE, ID	1 YEAR	MAY 16, 2019				
CHRISTINE KING	SCOTTSDALE, AZ	1 YEAR	MAY 16, 2019				
RICHARD J. NAVARRO	BOISE, ID	1 YEAR	MAY 16, 2019				
ROBERT A. TINTSMAN	BOISE, ID	1 YEAR	MAY 16, 2019				

NAM	E el T. Anderson		TITLE President an	TITLE President and Chief Executive Officer			
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED	NAME OF AFFLIATED CO.		
1	Annual Salary	\$ 891,000	920	CO. \$ 9,000	IDACORP		
2	Amount Assigned to Oregon	, , , , , , , , , , , , , , , , , , , ,		, .,			
3	Medical and Dental Insurance	12,831	920	130	IDACORP		
4	Life and Disability Insurance (1)	980	920	10	IDACORP		
5 6	Income Protection Insurance Discount on Utility Service						
7	Pension Plan	49,342	926	498	IDACORP		
8	Savings Plan	11,088	920	112	IDACORP		
9	Stock Purchase Plan						
10	DILEY Life and Disability Insurance (1) Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Life and Disability Insurance (1) Six of the protection Insurance (1) Life and Disability Insurance (1) Life and Disabilit						
11 12	Memberships Other Benefits (4)						
13	Other Benefits (4) Total Other Compensation Percent Assigned to Oregon	74,241		750	IDACORP		
14	Percent Assigned to Oregon	5.31%		100	15/100111		
15	Deferred Comp. In Salary (2)						
16	Bonus Paid in Prior Year (3)	3,991,733	920	40,320	IDACORP		
NAM	=		TITLE		<u> </u>		
Bria	n Buckham			sident and General Cou	ınsel		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.		
1 2	Annual Salary Amount Assigned to Oregon	\$ 366,797	920	\$ 18,203	IDACORP		
3	— Madical and Dantal Income	12,348	920	613	IDACORP		
4	Medical and Dental Insurance Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships	484	920	24	IDACORP		
5	Income Protection Insurance						
5 6 7	Discount on Utility Service Pension Plan	47.404	006	2.256	IDACORP		
8	Savings Plan	47,484 10,670	926 920	2,356 530	IDACORP		
9	Stock Purchase Plan	10,070	320	550	IDAOONI		
10	Paid Parking						
11	Memberships						
12	Other Benefits (4)	70.000		0.500	IDAGODD		
13 14	Cother Benefits (4) Total Other Compensation Percent Assigned to Oregon	70,986 5.31%		3,523	IDACORP		
15	Deferred Comp. In Salary (2)	3.31/0					
16	Bonus Paid in Prior Year (3)	709,640	920	35,217	IDACORP		
NAM		<u> </u>	TITLE	<u> </u>	1		
Jeff	S. Glenn			nt of Information Techr	ology and Chief		
116	DECORPTION OF CONTENTS OF CONT		Information (T		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO		
1 2	Annual Salary Amount Assigned to Oregon	\$ 270,000	920				
3	Madrad and Dantal Language	7,120	920				
4	Life and Disability Insurance (1)	356	920				
5	Income Protection Insurance						
6	Discount on Utility Services	40.040	000				
7 8	Ö Pension Plan 김 Savings Plan	49,840 11,200	926 920				
9	Medical and Dental Insurance Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships	11,200	320				
10	Paid Parking						
11							
	Other Benefits (4) Total Other Compensation	00.540					
12	LATE TOTAL CITNER COMPENSATION	68,516					
12 13	Percent Assigned to Orogan	E 210/					
12 13 14	Percent Assigned to Oregon	5.31%					
12 13	Percent Assigned to Oregon Deferred Comp. In Salary (2) Bonus Paid in Prior Year (3)	5.31% 391,970	920				

	ie dollars only.					
NAM			TITLE			
Lisa	A. Grow		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	\$ 4,618	101			
2		495,382	920			
3	Amount Assigned to Oregon					
4	Medical and Dental Insurance	120	101			
5	- In the control of t	12,841	920			
6	$\left \frac{Z}{O} \right $ Life and Disability Insurance (1)	6	101			
7 8		654	920			
9	Income Protection Insurance Discount on Utility Service					
10	Pension Plan	49,840	926			
11	Savings Plan	103	101			
12	Savings Flair	11,097	920			
13	Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan	11,097	920			
14	Paid Parking					
15	Paid Parking					
16	Other Benefits (4)					
17	Other Benefits (4) Total Other Compensation	74,661				
18	Percent Assigned to Oregon	5.31%				
19	Deferred Comp. In Salary (2)					
20	Bonus Paid in Prior Year (3)	1,214,790	920			
NAM	E		TITLE			
	E ick A. Harrington		TITLE Corporate S	ecretary		
Patr	ick A. Harrington		Corporate S			
		PAID BY COMPANY	Corporate S	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.	
NO.	ick A. Harrington	PAID BY COMPANY \$ 1,669	Corporate S	PAID BY AFFILIATED	NAME OF AFFLIATED CO. IDACORP	
NO.	DESCRIPTION OF COMPENSATION Annual Salary		Corporate S	PAID BY AFFILIATED CO.		
NO. 1 2 3	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon	\$ 1,669	ACCOUNT # 101 920	PAID BY AFFILIATED CO.		
NO. 1 2 3 4	DESCRIPTION OF COMPENSATION Annual Salary	\$ 1,669 217,330 98	Corporate Season ACCOUNT #	PAID BY AFFILIATED CO. \$ 8 993	IDACORP	
NO. 1 2 3 4 5	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance	\$ 1,669 217,330 98 12,805	Corporate Se ACCOUNT # 101 920 101 920	PAID BY AFFILIATED CO.		
NO. 1 2 3 4 5 6	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance	\$ 1,669 217,330 98 12,805 2	Corporate Solution ACCOUNT # 101 920 101 920 101	PAID BY AFFILIATED CO. \$ 8 993	IDACORP	
NO. 1 2 3 4 5 6 7	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance	\$ 1,669 217,330 98 12,805	Corporate Se ACCOUNT # 101 920 101 920	PAID BY AFFILIATED CO. \$ 8 993	IDACORP	
NO. 1 2 3 4 5 6 7 8	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance	\$ 1,669 217,330 98 12,805 2	Corporate Solution ACCOUNT # 101 920 101 920 101	PAID BY AFFILIATED CO. \$ 8 993	IDACORP	
NO. 1 2 3 4 5 6 7 8 9	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance	\$ 1,669 217,330 98 12,805 2 287	Corporate Se ACCOUNT # 101 920 101 920 101 920 101 920	PAID BY AFFILIATED CO. \$ 8 993 58	IDACORP IDACORP IDACORP	
NO. 1 2 3 4 5 6 7 8 9 10	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance	\$ 1,669 217,330 98 12,805 2 287	Corporate Se ACCOUNT # 101 920 101 920 101 920 926	PAID BY AFFILIATED CO. \$ 8 993	IDACORP	
NO. 1 2 3 4 5 6 7 8 9 10 11	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance	\$ 1,669 217,330 98 12,805 2 287 49,613 85	Corporate Se ACCOUNT # 101 920 101 920 101 920 926 101	PAID BY AFFILIATED CO. \$ 8 993 58 1	IDACORP IDACORP IDACORP	
NO. 1 2 3 4 5 6 7 8 9 10 11 12	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance	\$ 1,669 217,330 98 12,805 2 287	Corporate Se ACCOUNT # 101 920 101 920 101 920 926	PAID BY AFFILIATED CO. \$ 8 993 58	IDACORP IDACORP IDACORP	
Patr NO. 1 2 3 4 5 6 7 8 9 10 11 12 13	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan	\$ 1,669 217,330 98 12,805 2 287 49,613 85	Corporate Se ACCOUNT # 101 920 101 920 101 920 926 101	PAID BY AFFILIATED CO. \$ 8 993 58 1	IDACORP IDACORP IDACORP	
NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan	\$ 1,669 217,330 98 12,805 2 287 49,613 85	Corporate Se ACCOUNT # 101 920 101 920 101 920 926 101	PAID BY AFFILIATED CO. \$ 8 993 58 1	IDACORP IDACORP IDACORP	
NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan	\$ 1,669 217,330 98 12,805 2 287 49,613 85	Corporate Se ACCOUNT # 101 920 101 920 101 920 926 101	PAID BY AFFILIATED CO. \$ 8 993 58 1	IDACORP IDACORP IDACORP	
NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance NO Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships Other Benefits (4)	\$ 1,669 217,330 98 12,805 2 287 49,613 85 11,064	Corporate Se ACCOUNT # 101 920 101 920 101 920 926 101	PAID BY AFFILIATED CO. \$ 8 993 58 1 227 51	IDACORP IDACORP IDACORP IDACORP IDACORP	
NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships Other Benefits Total Other Compensation	\$ 1,669 217,330 98 12,805 2 287 49,613 85 11,064	Corporate Se ACCOUNT # 101 920 101 920 101 920 926 101	PAID BY AFFILIATED CO. \$ 8 993 58 1	IDACORP IDACORP IDACORP	
NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships Other Benefits Total Other Compensation Percent Assigned to Oregon	\$ 1,669 217,330 98 12,805 2 287 49,613 85 11,064	Corporate Se ACCOUNT # 101 920 101 920 101 920 926 101	PAID BY AFFILIATED CO. \$ 8 993 58 1 227 51	IDACORP IDACORP IDACORP IDACORP IDACORP	
NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships Other Benefits Total Other Compensation	\$ 1,669 217,330 98 12,805 2 287 49,613 85 11,064	Corporate Se ACCOUNT # 101 920 101 920 101 920 926 101	PAID BY AFFILIATED CO. \$ 8 993 58 1 227 51	IDACORP IDACORP IDACORP IDACORP IDACORP	

NAME Steven R. Keen				TITLE Sr. Vice President, Chief Financial Officer and Treasurer		
NO.	DESCRIPTION OF COMPENSATION		BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1	Annual Salary	\$	461,647	920	\$ 1,353	IDACORP
2	Amount Assigned to Oregon		4 4 4 0 7	000	44	IDAGGED
3 4	Medical 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)	14,137 609	920 920	41 2	IDACORP IDACORP
5	Income Protection Insurance	(1)	609	920	2	IDACORP
6	Discount on Utility Services					
7	Ø Pension Plan		49,694	926	146	IDACORP
8	Savings Plan		11,167	920	33	IDACORP
9	Stock Purchase Plan					
10	Paid Parking					
11	Memberships					
12	Other Benefits Total Other Compensation Percent Assigned to Oregon	(4)	75.007			10.4.0000
13	Total Other Compensation		75,607		222	IDACORP
14 15	Percent Assigned to Oregon Deferred Comp. In Salary	(2)	5.31%			
16		(3)	1,127,417	920	3,304	IDACORP
10	Bonds Fald III Flori Fedi	(3)	1,121,711	320	3,304	IDAGGILI
NAM	<u> I</u> Е			TITLE	<u> </u>	
Jeff	rey L. Malmen			Sr. Vice Pres	sident of Public Affairs	
NO.	DESCRIPTION OF COMPENSATION	PAID	BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1	Annual Salary	\$	151,266	920		
2			168,734	426		
3	Amount Assigned to Oregon					
4	Medical and Dental Insurance		7,461	920		
5 6	Life and Disability Insurance	(1)	8,323 199	426 920		
7		(1)	223	426		
8	Income Protection Insurance		223	720		
9	Discount on Utility Service					
10	Z Pension Plan		23,560	926		
11			26,280	426		
12	ົ້ມ Savings Plan		5,294	920		
13	½		5,906	426		
14	Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan					
15 16	Paid Parking					
		(4)				
		(~)				
17	O Total Other Compensation		77 246			
17 18	O Total Other Compensation		77,246 5.31%			
17	Percent Assigned to Oregon	(2)				
17 18 19	Percent Assigned to Oregon	(2) (3)		920 426		

	le dollars offly.		T			
NAMI			TITLE			
Tess	s R. Park		Vice President of Power Supply			
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.	
1	Annual Salary	\$ 60,837	101	33.		
2	7 minual Calary	7,101	560			
3		237,062	920			
4	Amount Assigned to Oregon	201,002	020			
5	Medical and Dental Insurance	2,170	101			
6	Medical and Bental insulance	253	560			
7		8,456	920			
8	Life and Disability Insurance (1)	80	101			
9	O Life and Disability insurance (1)	9	560			
	<u> </u>					
10	Life and Disability Insurance (1) VARIANCE Life and Disability Insurance	314	920			
11	Income Protection Insurance					
12	Discount on Utility Services	10.010	000			
13	Pension Plan	49,840	926			
14	Savings Plan	2,234	101			
15	<u> </u> 8	261	560			
16	امّا	8,705	920			
17	Stock Purchase Plan Paid Parking Memberships					
18	亡 Paid Parking					
19	Memberships					
20	Other Benefits (4)					
21	Total Other Compensation	72,322				
22	Percent Assigned to Oregon	5.31%				
23	Deferred Comp. In Salary (2)					
24	Bonus Paid in Prior Year (3)	457,164	920			
	(1)	- , -				
NAMI			TITLE	•	<u> </u>	
	W. Petersen			ent, Controller and Chief	Accounting Officer	
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.	
1	Annual Salary	\$ 274,551	920	\$ 449	IDACORP	
2	Amount Assigned to Oregon	•	1			
3	Madical and Dantal Incurance	5,828	920	10	IDACORP	
4	Life and Disability Insurance (1)	362	920	1	IDACORP	
5	Income Protection Insurance					
6	Medical and Defital Insurance Life and Disability Insurance (1) Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships Memberships		1			
7	Pension Plan	49,759	926	81	IDACORP	
8	Savings Plan	11,182	920	18	IDACORP	
9	Stock Purchase Plan	11,102	020		157100111	
10	Paid Parking					
11	Memberships					
12	Other Benefits (4)		1			
13	Other Benefits (4) Total Other Compensation	67,131		110	IDACORP	
14	Percent Assigned to Oregon	5.31%		110	IDACORF	
	Deferred Comp. In Colory (0)	5.31%	1			
15 16	Deferred Comp. In Salary (2) Bonus Paid in Prior Year (3)	264 665	020	507	IDACORR	
10	Bonus Paid in Prior Year (3)	364,665	920	597	IDACORP	
					ĺ	

AME . Veri	n Porter			Vice President of T&D Engineering and Construction and Chief Safety Officer			
0.	DESCRIPTION OF COMPENSATION	N	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO	
Д	Annual Salary		\$ 157,498 59,852 85,050	101 560 580			
Δ	Amount Assigned to Oregon		12,600	920			
	Medical and Dental Insurance		7,892 2,999 4,262	101 560 580			
COMPENSENATION	Life and Disability Insurance	(1)	631 208 79	920 101 560			
IPENSE!	Income Protection Insurance		112 17	580 920			
絽	Discount on Utility Service Pension Plan Savings Plan		49,840 5,600 2,128	926 101 560			
1	Stock Purchase Plan		3,024 448	580 920			
2 3 4 5	Paid Parking Memberships Other Benefits Total Other Compensation	(4)	77,240				
6	Percent Assigned to Oregon	(2)	5.31%				
7 B E	Deferred Comp. In Salary Bonus Paid in Prior Year	(3)	490,417	920			
AME		(3)	490,417	TITLE Vice Preside	nt of Customer Operati	ons and Business	
AME	Bonus Paid in Prior Year	(3)	490,417 PAID BY COMPANY	TITLE	PAID BY AFFILIATED	ons and Business NAME OF AFFLIATED CO	
AME dam	Bonus Paid in Prior Year J. Richins	(3)		TITLE Vice Preside	t		
AME dam .	J. Richins DESCRIPTION OF COMPENSATION	(3)	PAID BY COMPANY \$ 149,867 82,097 72,709 327 6,368	TITLE Vice Preside Development ACCOUNT #	PAID BY AFFILIATED		
AME dam .	J. Richins DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance	(3) N	PAID BY COMPANY \$ 149,867 82,097 72,709 327 6,368 3,489 3,090 14	TITLE Vice Presider Development ACCOUNT # 101 580 901 920 101 580 901 920	PAID BY AFFILIATED		
AME dam .	J. Richins DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance	(3)	\$ 149,867 82,097 72,709 327 6,368 3,489 3,090	TITLE Vice Presider Development ACCOUNT # 101 580 901 920 101 580 901	PAID BY AFFILIATED		
AME dam .	J. Richins DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance	(3) N	\$ 149,867 82,097 72,709 327 6,368 3,489 3,090 14 199 108 96	TITLE Vice Presider Development ACCOUNT # 101 580 901 920 101 580 901 920 101 580 901 920 101 580 901	PAID BY AFFILIATED		
A A A A A A A A A A A A A A A A A A A	J. Richins DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan	(3) N	\$ 149,867 82,097 72,709 327 6,368 3,489 3,090 14 199 108 96 49,840 5,503 3,015 2,670	TITLE Vice Presider Development ACCOUNT # 101 580 901 920 101 580 901 920 101 580 901 920 101 580 901	PAID BY AFFILIATED		
A A A COLLARS COMPENSENATION 1 5 3 3 4 4 5 5 6 5 7 3 5 5 5 1 1 2 3 3	J. Richins DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships	(3) N (1)	\$ 149,867 82,097 72,709 327 6,368 3,489 3,090 14 199 108 96	TITLE Vice Presider Development ACCOUNT # 101 580 901 920 101 580 901 920 101 580 901 920 101 580 901	PAID BY AFFILIATED		
A A A CONDENSENATION 1 2 3 4 4 5 6 6 7 3 9 0 1 1 2	J. Richins DESCRIPTION OF COMPENSATION Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Stock Purchase Plan Paid Parking	(3) N	\$ 149,867 82,097 72,709 327 6,368 3,489 3,090 14 199 108 96 49,840 5,503 3,015 2,670	TITLE Vice Presider Development ACCOUNT # 101 580 901 920 101 580 901 920 101 580 901 920 101 580 901	PAID BY AFFILIATED		

	NAME Tim E. Tatum				Vice President of Regulatory Affairs		
NO.	DESCRIPTION OF COMPENSATION		PAID BY (COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1 2	Annual Salary Amount Assigned to Oregon		\$	230,000	920		
3	Medical and Dental Insurance			12,961	920		
4	Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance	(1)		304	920		
5	Income Protection Insurance						
6	Discount on Utility Service Pension Plan Savings Plan						
7	땅 Pension Plan			49,840	926		
8	집 Savings Plan			11,200	920		
9	೬ Stock Purchase Plan						
10	Paid Parking						
11	O Memberships						
12	Other Benefits	(4)					
13	Total Other Compensation Percent Assigned to Oregon			74,305			
14	Percent Assigned to Oregon	(0)		5.31%			
15	Deferred Comp. In Salary	(2)					
16	Bonus Paid in Prior Year	(3)		258,218	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	T ASSIGNED OREGON
CONTRIBUTIONS TO AND MEMBERSHIPS IN:			
1.Charitable Organizations:			
Culture & Arts		• • • • • • • • • • • • • • • • • • • •	
Total Culture & Arts		\$ 23,000	
Civic & Community			
Total Civic & Community		140,000	
Educational			
Total Educational		126,750	
Health & Human Services-Direct			
Total Health & Human Services-Direct		316,500	
Company Matching - Employee Community Funds (ECF)			
Total Company Matching - ECF		220,000	
Non-categorized			
TOTAL NON-CATEGORIZED		26,500	
Total Charitable Organizations		852,750	
2.Organizations of the Utility Industry:			
Total Organizations of the Utility Industry		1,036,093	
3.Technical and Professional Organizations:			
Total Technical and Professional Organizations		106,117	
4.Commercial and Trade Organizations:			
Total Commercial and Trade Organizations		181,350	
5.Other:			
Unspecified Donations		101,370	
Total Other		101,370	
Summary:			
None of Account 426 is assigned to the Oregon jurisdiction.	426	852,750	
The Company allocates account 254 on a jurisdictional basis,	254	271,800	\$ 13,590
approximately 95% to Idaho and 5% to Oregon.			. 0,000
1/3 to 100% of the items recorded to accounts 908 & 930 are	908	3,950	210
removed from the Company's revenue requirement when the	930	1,149,180	61,021
Company files a General Rate Case and are paid for by the		1,110,100	,
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 5.31% of the total			
estimated for accounts 908 & 930, based on functionalized wages			
and salaries for Oregon.			
Total		\$ 2,277,680	\$ 74,821

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		\$ 1,279,914 720,483 \$ 2,000,397
The Retirement Plan of Idaho Power Company is a non-contributory trusteed plan providing, in general, 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 2018 ASC 715 pension expense was \$37.9 million (\$1.8 million Oregon portion), and the estimated 2018 ASC 715 pension expense is \$42.7 million (\$2.0 million estimated Oregon portion presented in the table). Note that \$1.3 million is expensed in the current budget year and the remaining portion is capitalized per Order 10-064. The 2018 service cost component was \$37.8 million, and the estimated 2019 service cost is \$34.9 million. While no minimum plan contributions are expected to be required during 2019, the Company plans to contribute between zero and \$40 million. Contributions made in 2018 were \$40 million. Idaho Power has different accounting methodologies between its Oregon and Idaho jurisdictions. In Oregon, pension accounting is on the accrual basis, while in Idaho it is on a cash basis. Because of the difference in timing between the two jurisdictions, Idaho Power records the construction portion of Oregon pension expense to a regulatory asset in order to simulate the allocation of pension as an overhead cost to construction outside of the Company's fixed asset system.			Ψ 2,000,391

POLITICAL ADVERTISING

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

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. \$ 670,133 Contract lobbying expenses 441,000 Memberships 5,000 Political contributions 217,000 Other 18,300 Total \$ 1,351,433 (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
GSU (first unit) (HCC Complex)	101	\$ 220,000	\$ 9,020
Transformer (Beacon Light)	101	558,984	22,918
Switchgear (Beacon Light)	101	650,000	26,650
Series Capacitor Bank (Boise Bench)	101	2,584,175	105,951
Series Capacitor Bank (Boise Bench)	101	2,204,587	90,388
Transformer (Cloverdale)	101	536,812	22,009
Switchgear (Cloverdale)	101	658,280	26,989
Transformer (Cloverdale)	101	475,905	19,512
Switchgear (Eldridge)	101	658,280	26,989
Switchgear (Filer)	101	644,205	26,412
Transformer (Hine)	101	530,821	21,764
Transformer (Midpoint)	101	462,768	18,973
Transformer (Mobile 9)	101	1,258,960	51,617
Transformer (Peterson)	101	1,431,945	58,710
Transformer (Salmon)	101	425,952	17,464
Transformer (Shoshone)	101	140,000	5,740
Transformer (Skyway)	101	451,550	18,514
Switchgear (Skyway)	101	658,280	26,989
Switchgear (State)	101	1,001,597	41,065
Turbine/Generator (Shoshone)	101	1,030,000	42,230
Equipment Elevator (Shoshone)	101	186,000	7,626
Turbine Runner (Brownlee)	101	3,237,500	132,738
Wicket Gates (Brownlee)	101	140,500	5,761
Stator Windings (Brownlee)	101	373,192	15,301
Runner (Lower Salmon)	101	96,200	3,944
Wicket Gates (Unit 1) (Lower Salmon)	101	69,600	2,854
Generator Coils (Unit 1) (Lower Salmon)	101	466,050	19,108
Generator Coils (Unit 3) (Lower Salmon)	101	468,650	19,215
Runner (Kaplan) (Lower Salmon)	101	761,400	31,217
Wicket Gates (Unit 2) (Lower Salmon)	101	477,000	19,557
Generator Coils (Unit 2) (Lower Salmon)	101	576,550	23,639
Note: Idaho Power Company has no proposed major contracts for the sale of equipment.			
Percent assigned to Oregon 4.10% Allocation of Plant to Oregon			
		\$ 23,435,743	\$ 960,864

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.

NAME AND ADDRESS OF PERSON OR ORGANIZATION. DESCRIPTION OF SERVICES	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
The following proposed expenditures will be charged to IDACORP, Inc. Idaho Power receives reimbursement for all expenses incurred on behalf of its affiliates.			
CFO Admin Corporate Controller Cash Management Corporate Tax Financial Accounting & Reporting Investor Relations Treasury Services Manager Insurance Services Strategic Analysis External Reporting Executive Audit Services Corporate Acctg Entries Legal Conduct & SOX Program Manager Human Resources Admin Employment Compensation & Payroll	417 (amounts are credited out of 417 and charged to IDACORP).	\$ 25,097 382 17,369 3,402 2,669 7,323 1,906 1,569 6,002 7,044 6,058 13,309 10,977 8,216 1,667 1,640 3,556 4,379	
		\$ 122,565	

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
	3-20-19
NAME OF OFFICER	DATE
Ken reterion	3-20-19

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 35 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. NQSOs were granted in years 2000 through 2005. From 2006 through 2018, performance shares with two separate goals, Cumulative Earnings Per Share and relative Total Shareholder Return, were granted with three-year performance periods. Also from 2006 through 2018, restricted stock shares were 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.

4. Other Benefits:

Senior Management Security Plan (SMSP)

This non-qualified plan provides for supplemental retirement benefits for each covered officer and for certain amounts of salary continuation in the event of death. As a non-qualified plan, this plan has no assets, but the Company holds investments (primarily life insurance and fixed-income securities) designated to provide resources to cover the plan's liabilities. The Company intends to maintain investments sufficient to cover a substantial portion of the projected cash flows from the plan based on current assumptions about mortality and salary expectation, investment returns and other factors. The cost per individual officer is not determinable.

Physical Examination

The Company provides for annual physical examinations for all principal executive officers on an optional basis. It is estimated that the cost ranges up to \$250 for each examination taken.

Compensation Absence

The Company provides a graduated compensation absence program called Flexible Time Off (FTO) for all regular employees based on years of service. FTO is conceptually a combination of sick and vacation leave, which can be used for any purpose. Amounts accrue monthly up to a maximum. Account balances are paid at termination.