	OYMENT OPPORTUNITY C NFORMATION REPORT (EI		R OMB Con	evised 08/2023 trol Number: 30- ton Date: 11/30/	46-0049	
	SECTION A - T	TYPE OF REPORT				
	CONSOLID	ATED REPORT				
SECTION B - EMPLOYER IDENTIFICATION						
OFS COMPANY ID		EMPLOYER NAME				
0473211	IDACORP INC					
ADDRESS		CITY/TOWN	STATE	ZIP CC	DDE	
1221 WEST IDA	HO STREET	BOISE	ID	8370	02	
SECTION C - H	EADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)			
HQ/ESTABLISHMENT-LEVEL UNIT ID	НЕ	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ			
HEADQUARTERS OR ESTABLISHM	IENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CC	DDE	
		DENTIFICATION NUMBER (EIN) 0130980				
	SECTION E – EMPLOY	TER FILING ELIGIBILITY				
X YES (Employer Is Eligib	le to File) <b>NO</b> (Employer Is Not	Eligible to File) <b>EMPLOYER NO LONGE</b>	R IN BUSIN	ESS		
SE		ACTOR DESIGNATION (if applicable)  II): K74HEGGZGPW3				
☐ YES (Single-Establish	ment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Fede	eral Contracto	or)		
X YES	Headquarters is Federal Contractor	YES (Non-Headquarters Establishment is Fe	deral Contrac	tor)		
	X YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)			
		ICS INFORMATION c Power Distribution				
	SECTION H - WORKFO	RCE DEMOGRAPHIC DATA				
		Race/Ethnicity				

	SE	CTION	N H – V	VORKE	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	у						
		Hispanic Not Hispanic or Latino													
		atino			М	ale					Fer	nale			
							1					1			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	1	33	0	2	0	0	1	26	0	0	0	0	0	63
First/Mid-Level Officials and Managers	3	5	153	0	2	0	0	2	39	0	0	0	0	1	205
Professionals	16	13	390	3	8	1	3	2	151	1	11	0	0	3	602
Technicians	8	3	147	0	2	0	0	1	15	0	0	0	0	1	177
Sales Workers	5	0	74	0	1	1	0	1	17	0	0	0	0	0	99
Administrative Support Workers	7	37	46	0	0	1	0	1	162	1	5	2	0	1	263
Craft Workers	20	0	483	0	0	2	2	1	5	0	0	0	0	0	513
Operatives	11	0	126	0	1	0	1	4	5	0	0	0	0	0	148
Laborers and Helpers	1	0	18	0	0	0	1	0	4	0	0	0	0	0	24
Service Workers	0	1	1	0	0	0	0	0	3	0	0	0	0	0	5
CURRENT 2023 REPORTING YEAR TOTAL	71	60	1471	3	16	5	7	13	427	2	16	2	0	6	2099
PRIOR 2022 REPORTING YEAR TOTAL	67	61	1431	4	17	4	4	10	419	2	13	2	0	5	2039

SECTION I – WORKFORCE SNAPSHOT PERIOD
10/14/2023 - 10/27/2023
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

CTION K – OFFICIAL CERTIFICATION OF SURMISSI	OFFICIAL	SECTION V =	
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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION							
	EMPLOYER	IDENTIFICATION					
OFS COMPANY ID		EMPLOYER NAME					
0473211		IDACORP INC					
ADDRI	ESS	CITY/TOWN	STATE	ZIP CODE			
1221 WEST ID	AHO STREET	BOISE	ID	83702			
CERTIFICATION COMMENTS (optional)							

No Certification Comments Provided

## CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

## DATE OF CERTIFICATION 5/24/2024 2:22 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL					
Name of Employer's Certifying Official	Title of Certifying Official				
Lindsey Fow	Senior HR Professional				
Email Address of Certifying Official	Telephone Number of Certifying Official				
LFow@idahopower.com	208-388-6764				
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC	Title and Employer of Primary POC				
Lindsey Fow	Senior HR Professional				
,	Idaho Power Company				
Email Address of Primary POC	Telephone Number of Primary POC				
LFow@idahopower.com	208-388-6764				