U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EMPLOYER INFO	RMAT	ION R	EPOR	T (EEC)-1 CO	MPON	ENT 1) _							3046-0049 08/31/2024	
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		CECT		ONSOL				TION								
OFS COMPANY ID		SECI	IUN B	<i>− EMP</i>	LUYEK	IDENI		OYER NA	IME							
0408036							AVIS	TA CO	RP							
ADDRESS								TY/TOW				STATE ZIP CODE				
1411 EAST MISSIO			CORE	CT ADI	ICHIME			POKAN		A1 (:C	WA 99202					
SECTION C – HE HQ/ESTABLISHMENT-LEVEL UNIT ID	<u>ADQU</u> A	AKTEK,	S OK E			UARTER)				
					~											
HEADQUARTERS OR ESTABLISHMENT	T-LEVEL	ADDRE	SS				C	TY/TOW	V			STATE ZIP CODE			DDE	
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 910462470															
_				EMPL (_	_								
XES (Employer Is Eligible to I										NO LO	NGER	IN BUS	INESS			
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : J112N852GTT3																
☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)																
X YES (Headquarters is Federal Contractor)																
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																
SECTION G - NAICS INFORMATION: 221111 - Hydroelectric Power Generation																
SECTION H – WORKFORCE DEMOGRAPHIC DATA																
	Illian	!-	1				Race/Ethnicity Not Hispanic or Latino									
	Hisp or La				М	ale	NOL	піѕрап	IC OF L	auno	Fen	Female				
						or der	_	Se		١		or der				
JOB CATEGORIES				icar n		ian	diar	Rac		ricaı n		ian slan	diar	Rac	Row	
JOB GATEGORIES	Male	Female	White	r Afr rica	Asian	iwai fic Is	n In	ore	White	· Afi rica	Asian	ıwai fic Is	ın In a Na	ore	Total	
	M	Fen	×	Black or African American	As	e Ha	erica lask	Ä	W	ck or Afri American	As	e Ha Pacif	nerican Indian Alaska Native	r Me		
				Blac		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islandeı	American Indian or Alaska Native	Two or More Races		
						ΖĘ		Ĺ		_		N Off	, ,	Ĺ		
Executive/Sr Level Officials and Managers	0	0	17	0	0	0	0	0	3	1	0	0	0	0	21	
First/Mid-Level Officials and Managers	2	2	119	1	1	0	0	2	51	0	2	0	2	0	182	
Professionals	9	8	353	3	10	2	0	10	194	1	8	0	3	8	609	
Technicians	4	3	98	0	2	0	1	0	62	1	2	1	2	1	177	
Sales Workers	1	0	7	0	0	0	0	0	6	0	0	0	0	0	14	
Administrative Support Workers	7	9	38	4	0	0	1	0	144	2	5	0	3	6	219	
Craft Workers	7	0	464	0	3	0	7	9	9	0	0	0	0	0	499	
Operatives	2	0	102	0	0	0	1	2	4	0	0	0	0	0	111	
Laborers and Helpers	4	0	57	0	0	0	0	1	3	0	0	0	0	0	65	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SECTION I – WORKFORCE SNAPSHOT PERIOD: 12/15/2022 - 12/31/2022

CURRENT 2022 REPORTING YEAR TOTAL

PRIOR 2021 REPORTING YEAR TOTAL

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional): Not Applicable

22

22 1255

1241

8

16

12

2

12

10 24 476

21

471

5

17

17

10 15

1897

1867

36

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

alexia.saad@avistacorp.com

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

2022 EMPLOYER INFORMATION REPORT (E	EO-1 COMPONENT 1)		Expiration Date: 08/31/2024						
SECTION K - OFFICIAL	CERTIFICATION OF SUBMISSION								
EMPLOY	ER IDENTIFICATION								
OFS COMPANY ID 0408036	EMPLOYER NAME AVISTA CORP								
ADDRESS	CITY/TOWN	STATE	ZIP CODE						
1411 EAST MISSION AVENUE	SPOKANE	WA	99202						
CERTIFICATI	ON COMMENTS (optional)								
No Certification Comments Provided									
CERTIFICATION STATEMENT									
"I certify that the information, including any workforce demograp		ct and true to the b	est 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									
11/9/2023 1:10 PM [EST]									
EMPLOYER'S	CERTIFYING OFFICIAL								
Name of Employer's Certifying Official	Title of Cer	tifying Official							
Sarah Letsch	Manager, Recruiti	ng & HR Complian	ce						
Email Address of Certifying Official	Telephone Numb	er of Certifying Officia	1						
sarah.letsch@avistacorp.com	509-4	95-4986							
PRIMARY POINT OF CONTACT (P	OC) FOR EEO-1 COMPONENT 1 REPO	RTING							
Name of Primary POC	Title and Empl	oyer of Primary POC							
Alexia Saad	Associa	te Recruiter							
Email Address of Primary POC	Telephone Nu	mber of Primary POC							

509-495-7664