



American Water Works Association

Pacific Northwest Section

Southwest Idaho Subsection

2024 Annual Report

January 24, 2025



PNWS - Subsection Officer Information

Officers to be included:

1. President/Chair
2. Vice-President/Vice-Chair
3. Secretary
4. Treasurer
5. In-coming Officer/Officer-Elect
6. Past President/Past Chair

Information Needed for Each Officers:

1. Name
2. Title
3. Business/Organization
4. Mailing/Street Address (P.O. Box is fine)
5. City/State/Zip Code
6. Phone
7. Fax
8. E-mail



American Water Works Association
Pacific Northwest Section

PO Box 872467
Vancouver, WA 98687
T 503-760-6460
F 360-254-0695
www.pnws-awwa.org

President/Chair

Vice-President/Vice-Chair

Secretary

Treasurer

In-coming Officer/Officer-Elect

Past President/Past Chair



PNWS-AWWA Subsection Activities

Please list your Subsection meetings for the past year. Include the date, where the meeting was held, topics discussed at the meeting and the number of people that attended the meeting. List all meetings, Workshops, short schools and other events sponsored or co-sponsored by the subsection. Including copies of the meeting flyers would be appreciated.
(Attach multiple sheets as needed)

Date	Location	Discussion Topics	No. in Attendance
March 8	IRWA Office	Board Meeting	20
March 8	IRWA Office	Operator Challenge	20
May 9	Veolia Office	Board Meeting	11
May 9	Veolia Office	Technical Presentation	11
October 17	City of Nampa Office	Board Meeting	12
October 17	City of Nampa Office	Technical Presentation	12

2024 Operator Challenge

Meter Madness







PNWS-AWWA Subsection Meeting Schedule

Please list your upcoming Subsection meeting schedule even if the schedule is proposed or tentative. Please list date, meeting location and topic of discussion. Please mark those dates that are tentative with an asterisk (*) (Attach multiple sheets as needed)

Date

Location

Discussion Topics

Subsection Goals

Our 2025 Subsection goals are:

- host bi-monthly training opportunities
- recruit a Treasurer
- continue growing the subsection
- host two fundraising activities
- support the 2025 Annual PNWS AWWA conference
- host two fundraising activities

Bank Signature Card

Addendum To Certificate Of Authority

For Changes To Authorized Signers On Business Deposit Accounts



Host Status:

Host Update Successful

Bank Name:	WELLS FARGO BANK, N.A.	Store Name:	BOISE MAIN				
Banker Name:	HALFIGH EARLES	Officer/Portfolio Number:	Q2667	Date:	06/12/2019		
Banker Phone:	208/519-3300	Store Number:	03144	Banker AU:	0006393	Banker MAC:	U1858-011

Use this Addendum when Authorized Signers are being added or deleted to a Certificate of Authority currently on file for a business customer and a new, signed Certificate of Authority has not been obtained.

Business/Account Information

Business Name:	SW IDAHO SUB-SECTION	COID:	113	Product:	DDA	Account Number:	88342233
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Authorized Signers

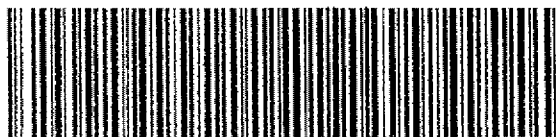
Authorized Signer Name(s):	Relationship Status:
KEVIN G BOGGS	<input checked="" type="checkbox"/> Existing/Remaining <input type="checkbox"/> New <input type="checkbox"/> Delete
KRISTINA J GILLESPIE	<input type="checkbox"/> Existing/Remaining <input type="checkbox"/> New <input checked="" type="checkbox"/> Delete
KYLE A KIHS	<input checked="" type="checkbox"/> Existing/Remaining <input type="checkbox"/> New <input type="checkbox"/> Delete
KALLE C EVERHART	<input type="checkbox"/> Existing/Remaining <input checked="" type="checkbox"/> New <input type="checkbox"/> Delete

Addendum to Certificate of Authority

Original Certificate of Authority Dated:	Addendum to Certificate of Authority Dated:
	06/12/2019

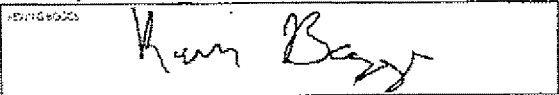
Each person signing in the "Certified/Agreed To" section below:

- directs the Bank that the additional Authorized Signers shall have all of the authority granted to the persons identified as Authorized Signers on the Certificate of Authority, including without limitation the authority to instruct the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by electronic means in regard to any item and the transaction of any business relating to the Customer's account(s), agreements or services;
- directs the Bank to discontinue acting on the instructions of any person who has been deleted as an Authorized Signer;
- acknowledges that these modifications become effective only after this Addendum has been received by the Bank and the Bank has had a reasonable opportunity to act on it; and
- certifies that the account owner has taken all action under its organizational documents, if any, including passage of resolutions by its board of directors, trustees, or other governing body, required to make these modifications and to authorize the undersigned to execute and deliver this Addendum.




Certified/Agreed To

Owner/Key Individual 1 Name: KEVIN G BOGGS Position/Title:

Owner/Key Individual 1 Signature:  Submit manually Signature not required Date: 06/12/2019

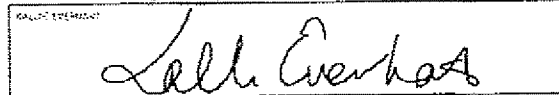
Certified/Agreed To

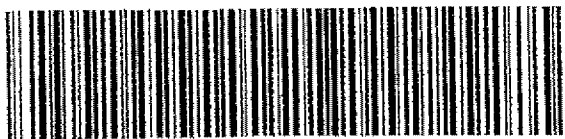
Owner/Key Individual 2 Name: KYLE A KIRS Position/Title: EXECUTIVE DIREC

Owner/Key Individual 2 Signature:  Submit manually Signature not required Date: 06/12/2019

Signature Capture - New Authorized Signers

New Authorized Signer 1 Name: KALLI C EVERHART Position/Title: Admin Assistant

New Authorized Signer 1 Signature:  Submit manually Signature not required Date: 06/12/2019





Addendum to Certificate of Authority



Deposit Accounts Only

Use this form to update documentation supporting changes to Authorized Signers on the original Certificate of Authority/Business Account Application currently on file. This addendum may not be used to add or delete those persons authorized to engage in credit transactions.

Wells Fargo California Consumer Privacy Act Notice at Collection

For the categories of personal data that Wells Fargo may collect and how we use it, see the Wells Fargo California Consumer Privacy Act Notice at Collection at <https://www.wellsfargo.com/privacy-security/notice-of-data-collection/>. See additional Wells Fargo privacy notices at <https://www.wellsfargo.com/privacy-security/>.

Bank name: Wells Fargo Boise Main	COID: 113	Date (MM/DD/YYYY): 10/30/2024
	Branch number: 3144	AU (Cost Center): 0006383
Officer name: Tristen Olson	Officer number: Q4224	Phone number: (208) 519-3300

Addendum to Certificate of Authority

Business Entity Name (For Sole Proprietor with a DBA - list name of the Sole Proprietor):
SW IDAHO SUB-SECTION

Account number(s) - attach a separate page if necessary.

88342233		

Authorized Signer names: This section is used for reference only. Authorized Signers remain the same excluding those listed in the Authorized Signer Changes section below. Listing all Authorized Signers is recommended but not required.

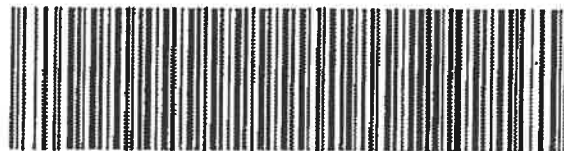
Print name 1: Gregory S Dye	Print name 2:
Print name 3:	Print name 4:
Print name 5:	Print name 6:
Print name 7:	Print name 8:

Authorized Signer changes: Use this section to indicate all Authorized Signers that should be added or deleted. An option of added or delete must be selected for each name to avoid a Technical Exception. Complete a new form if additional signer changes are needed.

Action required

Signature(s) (Required only for Authorized Signers added)

Choose one: <input type="radio"/> Add <input checked="" type="radio"/> Delete	Print authorized signer name 1: Kevin G Boggs	Signature 1: X
	Enterprise Customer Number (ECN) 1: 5565-5122-2246-319	
Choose one: <input type="radio"/> Add <input type="radio"/> Delete	Print authorized signer name 2:	Signature 2: X
	Enterprise Customer Number (ECN) 2:	



Authorized Signer changes (continued): Use this section to indicate all Authorized Signers that should be added or deleted. An option of added or delete must be selected for each name to avoid a Technical Exception. Complete a new form if additional signer changes are needed.

Action required		Signature(s) (Required only for Authorized Signers added)
Choose one: <input type="radio"/> Add <input type="radio"/> Delete	Print authorized signer name 3:	Signature 3: X
	Enterprise Customer Number (ECN) 3:	
Choose one: <input type="radio"/> Add <input type="radio"/> Delete	Print authorized signer name 4:	Signature 4: X
	Enterprise Customer Number (ECN) 4:	
Choose one: <input type="radio"/> Add <input type="radio"/> Delete	Print authorized signer name 5:	Signature 5: X
	Enterprise Customer Number (ECN) 5:	
Choose one: <input type="radio"/> Add <input type="radio"/> Delete	Print authorized signer name 6:	Signature 6: X
	Enterprise Customer Number (ECN) 6:	
Choose one: <input type="radio"/> Add <input type="radio"/> Delete	Print authorized signer name 7:	Signature 7: X
	Enterprise Customer Number (ECN) 7:	

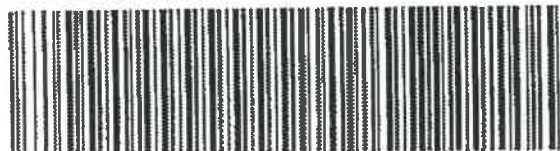
Authorized Signer Information (Filed Entity Only)

Authorized Signer name:		Phone number:		
Residence Address:		Address Line 2:		
Address Line 3:	City:	State/Province:	ZIP/Postal Code:	Country:

Authorized Signer Information 1 (Non-Filed Entity Only)

Complete a new form if additional authorized signer information is needed.

Authorized Signer name: Gregory S Dye		Residence Address: 1534 W YELLOWSTONE CT		
Occupation: Engineer		Address Line 2:		
Position/Job Title: Engineer		Date of Birth (MM/DD/YYYY): 04/13/1960	Address Line 3:	
Taxpayer Identification Number (TIN): 516-72-6870		TIN Type: SSN	City: Eagle	State/Province: ID
Primary ID Type: Driver's License	Primary ID Description: ZE331736G		ZIP/Postal Code: 83616	Country: US
Primary ID S/Ctry/Prov: Driver's License	Primary ID Issue Date (MM/DD/YYYY): 04/14/2021	Primary ID Expiration Date (MM/DD/YYYY): 04/13/2029	Country of Citizenship: US	
Secondary ID Type: Visa CC	Secondary ID Description: Chevron FCU 1251		Permanent U.S. Resident: Yes	Country of Permanent Residence: US
Secondary ID S/Ctry/Prov:	Secondary ID Issue Date (MM/DD/YYYY):		Secondary ID Expiration Date (MM/DD/YYYY): 04/30/2027	



Authorized Signer Information 2 (Non-Filed Entity Only)

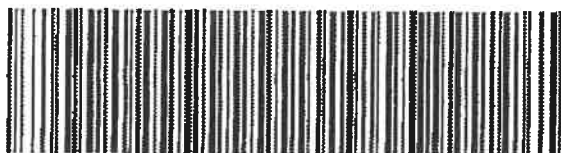
Complete a new form if additional authorized signer information is needed.

Authorized Signer name:			Residence Address:		
Occupation:			Address Line 2:		
Position/Job Title:		Date of Birth (MM/DD/YYYY):	Address Line 3:		
Taxpayer Identification Number (TIN):		TIN Type:	City:	State/Province:	
Primary ID Type:	Primary ID Description:		ZIP/Postal Code:	Country:	
Primary ID St/Ctry/Prov:	Primary ID Issue Date (MM/DD/YYYY):	Primary ID Expiration Date (MM/DD/YYYY):	Country of Citizenship:		
Secondary ID Type:	Secondary ID Description:		Permanent U.S. Resident:	Country of Permanent Residence:	
Secondary ID St/Ctry/Prov:	Secondary ID Issue Date (MM/DD/YYYY):		Secondary ID Expiration Date (MM/DD/YYYY):		

Authorized Signer Information 3 (Non-Filed Entity Only)

Complete a new form if additional authorized signer information is needed.

Authorized Signer name:			Residence Address:		
Occupation:			Address Line 2:		
Position/Job Title:		Date of Birth (MM/DD/YYYY):	Address Line 3:		
Taxpayer Identification Number (TIN):		TIN Type:	City:	State/Province:	
Primary ID Type:	Primary ID Description:		ZIP/Postal Code:	Country:	
Primary ID St/Ctry/Prov:	Primary ID Issue Date (MM/DD/YYYY):	Primary ID Expiration Date (MM/DD/YYYY):	Country of Citizenship:		
Secondary ID Type:	Secondary ID Description:		Permanent U.S. Resident:	Country of Permanent Residence:	
Secondary ID St/Ctry/Prov:	Secondary ID Issue Date (MM/DD/YYYY):		Secondary ID Expiration Date (MM/DD/YYYY):		



Authorized Signer Information 4 (Non-Filed Entity Only)


Complete a new form if additional authorized signer information is needed.

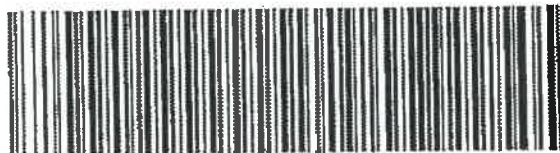
Authorized Signer name:		Residence Address:	
Occupation:		Address Line 2:	
Position/Job Title:	Date of Birth (MM/DD/YYYY):	Address Line 3:	
Taxpayer Identification Number (TIN):	TIN Type:	City:	State/Province:
Primary ID Type:	Primary ID Description:	ZIP/Postal Code:	Country:
Primary ID S/Ctry/Prov:	Primary ID Issue Date (MM/DD/YYYY):	Primary ID Expiration Date (MM/DD/YYYY):	Country of Citizenship:
Secondary ID Type:	Secondary ID Description:	Permanent U.S. Resident:	Country of Permanent Residence:
Secondary ID S/Ctry/Prov:	Secondary ID Issue Date (MM/DD/YYYY):	Secondary ID Expiration Date (MM/DD/YYYY):	

The person(s) signing below:

- direct the Bank to recognize the signature(s) and/or written, telephone, electronic and oral instructions of any person who has been added as an Authorized Signer;
- direct the Bank to discontinue acting on the instructions of any person who has been deleted as an Authorized Signer;
- acknowledge that these modifications become effective only after this addendum has been received by the Bank and the Bank has had a reasonable opportunity to act on instructions it contains;
- certifies that the account owner has taken all action under its organizational documents, if any, including passage of resolutions by its board of directors, trustees, or other governing body, required to make these modifications and to authorize the undersigned to execute and deliver this addendum;
- direct the Bank that the additional Authorized Signers identified above shall have all of the authority granted to the persons identified as Authorized Signers on the Certificate of Authority and includes adding the associated ATM/Debit/Deposit Card(s) linkages to the business deposit accounts.

Certified/Agreed To By (At least one signature of an individual authorized to act on behalf of the business is required)

Signature 1: X 	Signature 2: X
Print Name - Signer 1: Gregory S. Dye	Print Name - Signer 2:
Title - Signer 1: Treasurer - SWISS	Title - Signer 2:
Date MM/DD/YYYY: 10/30/2024	Date MM/DD/YYYY:





AWWA and the Section

Reasons an Affiliation Agreement is needed:

- Protect the Associations' intellectual property including logos, emblems, names, free publications and other proprietary material. In this litigious society if you don't protect your brands you can lose them. An example, Bayer aspirin did not protect the name aspirin and it is now used worldwide by many companies.
- By having this agreement the Association can continue to indemnify all eligible persons of the section, such as directors and officers with liability insurance as cost effectively as possible.
- The Associations' not-for-profit status is critical to our organization surviving. As such the need was there to ensure that everyone understood that all activities conducted by the Sections must meet with AWWA's stated mission of uniting the water community to protect public health and to provide safe and sufficient water for all. Through collective leadership, AWWA advances technology, education, science, management, and government policies. Anything outside of this mission is not allowed.

Section Penalties for Affiliation Agreement Violations:

1. If the Section violates this agreement to Association may start a disciplinary proceeding that could include financial penalties or ultimately dissolution of the Section.

I understand the importance of the American Water Works Associations' Affiliation Agreement and why it was needed. Furthermore, I understand that by violating this agreement I place the Pacific Northwest Section in jeopardy of financial penalties or possible dissolution. If I have any questions or concerns regarding my Committee or Subsection activities I will contact the Section office for clarification.

Name

Title

Committee or Subsection

Date



POLICY ON CONFLICTS OF INTEREST AND DISCLOSURE OF CERTAIN INTERESTS

This conflict of interest policy is designed to help directors, officers, employees and members ("Responsible Persons") of the Pacific Northwest Section of the American Water Works Association (PNWS) identify situations that present potential conflicts of interest and to provide the Section with a procedure which, if observed, will allow a transaction to be treated as valid and binding even though a Responsible Person has or may have a conflict of interest with respect to the transaction.

DEFINITIONS

Conflict of Interest. For purposes of this policy, the following circumstances shall be deemed to be a Conflict of Interest:

Outside Interests

- A Contract or Transaction between the PNWS and a Responsible Person or a Family Member of a Responsible Person.
- A Contract or Transaction between the PNWS and an entity in which a Responsible Person or a Family Member of a Responsible Person has a material interest in excess of 5% or of which such person is a director, officer, agent, partner, trustee, personal representative, guardian, custodian, or other legal representative.

Outside Activities

- A Responsible Person or a Family Member of a Responsible Person accepting gifts, entertainment, or other favors with a value in excess of \$100 from any individual or entity that:
 - (i) Does or is seeking to do business with the PNWS or
 - (ii) Is seeking to receive a loan or grant, or to secure other financial commitments or benefits from the PNWS.

Responsible Person is any person who is an officer, director, employee or member of the PNWS, including, when the context requires, a Family Member of any such person.

Family Member is a spouse, domestic partner, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister of a Responsible Person.

Contract or Transaction is any agreement or relationship involving the sale or purchase of goods, services, or rights of any kind, the providing or receipt of a loan or grant, the establishment of any other type of pecuniary or financially meaningful relationship except for transactions in the ordinary course of business (a) between the PNWS and an employee of the PNWS arising from the employment relationship, such as salary, benefits or reimbursement of employment related expenses, (b) between the PNWS and a member of the PNWS arising from the membership relationship, such as payment of membership dues or the purchase of publications, exhibition space or member services, or (c) between the PNWS and its officers or directors arising out of their positions, such as the reimbursement of travel and lodging expenses in accordance with the PNWS's stated policies for such reimbursements.

PROCEDURES

- Prior to any Board or Committee action on a Contract or Transaction involving a Conflict of Interest, any Responsible Person having a Conflict of Interest who is in attendance at the meeting shall disclose all facts material to the Conflict of Interest. Such disclosure shall be reflected in the minutes of the meeting.
- If an officer or director of the PNWS is unable to attend a meeting of a Board or Committee at which he or she has reason to believe that the Board will act on a matter in which the officer or director has a Conflict of Interest, then that person shall disclose to the chair of the meeting all facts material to the Conflict of Interest. The chair shall report the disclosure at the meeting and the disclosure shall be reflected in the minutes of the meeting.
- Any Responsible Person who has a Conflict of Interest shall not participate in or be permitted to hear the Board's discussion of the matter except to disclose material facts and to respond to questions. Any Responsible Person who is an officer, director or employee of the PNWS shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting.
- A Responsible Person who has a Conflict of Interest with respect to a Contract or Transaction that will be voted on at a meeting shall not be counted in determining the presence of quorum for purposes of the vote. The Responsible Person having a Conflict of Interest may not vote on the Contract or Transaction and shall not be present in the meeting room when the vote is taken. Such person's ineligibility to vote shall be reflected in the minutes of the meeting.
- Responsible Persons who are not members of the Board of Directors of the PNWS shall disclose to the PNWS Executive Director or Chair of the PNWS (or his or her designee) any Conflict of Interest that such Responsible Person has with respect to a Contract or Transaction. Responsible Persons who have a Conflict of Interest with respect to a Contract or Transaction that is not the subject of Board action shall also make the same disclosure. In either case, such disclosure shall be made as soon as practicable as the Responsible Person knows of the Conflict of Interest. Any Responsible Person who is an officer, director or employee of the PNWS shall refrain from any action that may affect the PNWS's participation in the Contract or Transaction.
- In the event it is not entirely clear that a Conflict of Interest exists, the Responsible Person with the potential conflict shall disclose, in writing, the circumstances to the Chair or Executive Director of the PNWS, who shall determine whether there exists a Conflict of Interest that is subject to this policy.

- Each Responsible Person shall exercise care not to disclose confidential information acquired in connection with any such Contract or Transaction the disclosure of which might have an adverse effect on the business of the PNWS. Furthermore, a Responsible Person shall not disclose or use information relating to the business of the PNWS for the personal profit or advantage of the Responsible Person or a Family Member.

Dissemination and Review of Policy

- This policy shall be published on the PNWS's website and otherwise made available to all members of the PNWS. Each officer, director and employee of the PNWS shall be required to review a copy of this policy and acknowledge in writing that he or she has done so.
- Each officer and director of the PNWS shall annually complete a disclosure form identifying any relationships, positions, or circumstances in which such Responsible Person is involved that could reasonably be expected to lead to a Conflict of Interest. Such relationships, positions or circumstances include any significant ownership interest (more than 5%) of a business that might provide goods or services to the PNWS. The PNWS will treat any such disclosures as confidential information.
- The Board of Directors shall review this policy annually. Any changes to the policy shall be communicated immediately to all Responsible Persons.

Certification

I declare that I have no knowledge, as of the date set forth below, of any relationships, positions, or circumstances in which I am involved that could be deemed a Conflict of Interest under the Conflict of Interest Policy of the Pacific Northwest Section of the American Water Works Association as currently in effect except as follows:

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I also certify that I have reviewed, and I agree to abide by, the Pacific Northwest Section of the American Water Works Association's Conflict of Interest Policy, as currently in effect and as it may be amended from time to time.

Signature _____ Date: _____

Name (printed) _____

Committee or Subsection _____

Title _____

I can neither agree to sign this form nor require other subsection officers to sign it.

Greg Dye

January 24, 2025



American Water Works Association
Pacific Northwest Section

PO Box 872467
Vancouver, WA 98687
T 503-760-6460
F 360-254-0695
www.pnws-awwa.org

SUBSECTION BALANCE SHEET FOR CALENDAR YEAR

Subsection Name:

BANK STATEMENT PERIOD:

THROUGH

PREVIOUS BALANCE

DEPOSITS & ADDITIONS (Should total the income on the profit and loss statement)

CHECKS & WITHDRAWALS (should total the expenses on the profit and loss statement)

ENDING BALANCE:

Print Form



SUBSECTION PROFIT/LOSS STATEMENT AS OF:

Subsection Name:

INCOME:

Interest

Receivables

Miscellaneous

TOTAL INCOME:

EXPENSES:

Accounting Fees

Committee

Conference/Meetings

Equipment

Miscellaneous

Officer Compensation

Postage

Printing

Prizes & Awards

Telephone

Travel

TOTAL EXPENSES:



American Water Works Association
Pacific Northwest Section

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 Vancouver, WA 98687
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 F 360-284-0698
 www.pnws-awwa.org

SUMMARY REPORT OF SUBSECTION CASH RECEIPTS AND EXPENSES FOR

2024

Subsection Number: _____ Subsection Name: Southwest Idaho

- 1) Total Subsection Balance of funds at beginning of the year: \$ 8,540.02
- 2) Total Receipts during the year. (Monies collected during the year): - 0 -
- 3) Total (Add Lines 1 and 2): \$ 8,540.02
- 4) Total Expenses for the year: \$ 1,246.86
- 5) Balance at the end of the year. (Subtract line 4 from line 3) \$ 7,293.16
- 6) Of the balance on line 5, how much is earned interest from the bank? - 0 -
- 7) Please list where the subsection funds are kept. (Types of accounts, name and branch of bank(s), cash, etc.) **Do not add your bank account numbers.**

Wells Fargo

Certification: I, the undersigned, Secretary/Treasurer of the Southwest Idaho Subsection
 Subsection hereby certify that the foregoing is a correct statement of cash receipts and disbursements for the
 calendar year listed above.

Sign: Gregory S. Dye

Print Name: Gregory S. Dye