

Water Quality Protection Surface Water Management Wastewater Collection & Treatment

August 17, 2023	BCC Agenda Date/Item:

Board of County Commissioners Acting as the governing body of Clackamas County Service District No.1

Approval of FY 2022-23 Report in Lieu of Audit Form for Clackamas County Service District No. 1. Filing fee is \$20.00. Funding is through WES' Sanitary Sewer and Surface Water Operating funds No County General Funds are involved.

Previous Board	September 22, 2022, App	September 22, 2022, Approval of FY 2021-22 Report in Lieu of Audit					
Action/Review	Form; reports in prior yea		air as an				
	administrative procedure.						
	Presented at Issues – August 15, 2023.						
Performance	Build Public Trust through Good Government						
Clackamas							
Counsel Review	Yes Procurement Review No						
Contact Person	Erin Blue	Contact Phone	503-742-4585				

EXECUTIVE SUMMARY: Prior to the formation of Water Environment Services ("WES") as an intergovernmental entity under Oregon Revised Statutes Chapter 190, WES' three underlying service districts (Clackamas County Service District No. 1 ("CCSD No.1"), Tri-City Service District ("TCSD"), and Surface Water Management Agency of Clackamas County ("SWMACC")) were each required to complete and file annual audits as special districts under Oregon Municipal Audit Law. The agreement that formed WES integrated the operations and assets of the three separate service districts' into one entity, and all financial activity now occurs under the umbrella of WES, which is audited as a single entity.

The underlying service districts continue to exist as partner entities, and while CCSD No.1 (the district) has no financial activity and is no longer required to complete an annual audit, it is still subject to Municipal Audit Law and is required to complete and submit a Report in Lieu of Audit Form (the "Form"). The Form summarizes financial activity for the prior fiscal year and ensures that WES and the underlying service districts maintain compliance with Municipal Audit Law.

The Form for CCSD No.1 is completed by entering all 0's ("zeroes") to reflect no financial activity. Per Municipal Audit Law, the Form must be signed by an officer of the municipality and submitted with the required filing fee

within 90 days of the end of the municipality's fiscal year, which occurred on June 30, 2023.

RECOMMENDATION: Staff recommends that the Board of County Commissioners, acting as the governing body of Clackamas County Service District No. 1,

For	Fil	ling	Use	Onl	y
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authorize the Chair to execute the Report in Lieu of Audit form for Clackamas County Service District No. 1, thereby meeting reporting requirements for FY 2022-23.

Respectfully submitted,

Forald & Wireya

Ron Wierenga

Assistant Director, WES

Attachment: Report in Lieu of Audit form for Clackamas County Service District No .1



Elected official's printed name*:

Tootie Smith

Oregon Secretary of State – Audits Division Report in Lieu of Audit

Fiscal year reported (MM/DD/YYY)	Y):	Final report — n	municipality	/ dissolved	N	Municipal customer number*:
First day*: 07/01/2022		Last day*: 06/			1417	
Name of municipality (use the	e offi	cial legal name)*	٠.			
Clackamas County Service	Dist	rict No. 1				
Mailing address New or ch	nange	of address				
Street or P.O. box*: 150 Beavero	reel	Road, #430				
City*: Oregon City		C	County*: CI	ackamas		ZIP code*: 97045
Registered agent (ORS 198.34	4 0)	☐ New registered	agent			
Name:		Address (street/city	y/state/ZIP	code):		
Stephen Madkour		2051 Kaen Roa	ad, Oreg	on City, Ore	egon 9)7045
Officers*						
Name:	Title	:		Address (str	eet/city	/state/ZIP code):
Tootie Smith	Cha	air		2051 Kaen	Road,	Oregon City, Oregon 97045
Paul Savas	Co	mmissioner		2051 Kaen	Road,	Oregon City, Oregon 97045
Martha Schrader	Co	mmissioner		2051 Kaen Road, Oregon City, Oregon 97045		
Mark Shull & Ben West	Co	mmissioner		2051 Kaen Road, Oregon City, Oregon 97045		
Fidelity or faithful performan	nce b	ond (ORS 297.4.	35 (2)(c)))		
Name of company*: Liberty Mutu	al In	surance Compa	ny			
Name of person(s) covered*: Brian	_i Nav	/a - Treasurer				
Amount of coverage (should equal of	r exc	eed total receipts/reve	enues [Par	t A total])*: \$5	00,000)
Account balances						
Please list the balances, per your ac	count	ing records, as of the	e last day o	f the year repo	rted:	
Cash (from banks, credit union	is, col	unty/state investment	pools, etc.): \$0		
Other assets (from land, buildi	ings, d	equipment, vehicles,	etc.):	\$0		
Accounts payable (e.g., to rents, payroll, utilities):						
Long-term debt (from bonds, loans, leases or other outstanding debt): \$0						
By checking this box*, I hereby continuously knowledge and belief. Sign (or type the information described in this research)	pe, if	submitted electronica		•		•
Elected official's signature:			Date (MI	M/DD/YYYY)*:	Title*:	
					Chai	r

Phone number*:

(503) 655-8581

Fiscal year reported (MM/DD/YYYY):		Municipal customer number*:
First day*: 07/01/2022	Last day*: 06/30/2023	1417

Budgeted and actual transactions

Note: Budget columns are required if your organization is subject to the requirements of Local Budget Law (ORS 294).

	General operating fund		Fund:	Fund:		Fund:	
Part A: Revenues/receipts	Budget	Actual	Budget	Actual	Budget	Actual	Totals (actual columns only)
Property taxes							\$0
Charges for services							\$0
Assessments							\$0
Grants (state and federal)							\$0
Long-term debt proceeds							\$0
Other revenues							\$0
		•	•	•	•	Part A total:	\$0

Part B:	General operating fund		Fund:		Fund:		Tatala (a stual
Expenditures/ disbursements	Budget	Actual	Budget	Actual	Budget	Actual	Totals (actual columns only)
Personal services							\$0
Material and services							\$0
Capital outlay							\$0
Debt service							\$0
Contingencies							\$0
Other expenditures							\$0
	•		•	1	•	Part B total*:	\$0

Part C: Transfers between funds

Transfer-in				
Transfer-out				

Report summary

Enter total expenditures/disbursements (Part B total†)	\$0
Filing fee (see table, right)	\$20.00

Filing instructions

This report is due within 90 days from the end of your fiscal year. Save a copy for your records. Please submit the completed report and required filing fee to the following address or email:

Secretary of State — **Business Services Division**

255 Capitol Street NE, Suite 180 Salem, OR 97310

MunicipalFilings.SOS@oregon.gov

Filing fee (per ORS 297.285)

Total expenditures (Part B total†)	Filing fee
\$0-\$50,000	\$20
\$50,001-\$150,000	\$40

^{*}This is a required field.

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[†]If total expenditures/disbursements (Part B total, above) exceed \$150,000, the municipality must have an audit or review for this fiscal year (per ORS 297.435).