GREGORY L. GEIST | DIRECTOR

WATER ENVIRONMENT SERVICES

Water Quality Protection Surface Water Management Wastewater Collection & Treatment

August 15, 2024

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners Acting as the governing body of Water Environment Services Clackamas County

# Approval of a FY 2023-24 Report in Lieu of Audit Form for Tri-City Service District. Filing fee is \$20.00. Funding is through WES' Sanitary Sewer Operating Funds. No County General Funds are involved.

Previous Board Action/Review	in Lieu of Audit Form; Approval of FY 2021-2 prior years were signe procedure.					
Performance	1. 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 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 Tri-City Service District (the district) has no financial activity and is no longer required to complete an annual audit, the district 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.

For Filing Use Only

Serving Clackamas County, Gladstone, Happy Valley, Johnson City, Milwaukie, Oregon City, Rivergrove and West Linn

150 Beavercreek Road #430, Oregon City, OR 97045 | 503-742-4567 | clackamas.us/wes

The Form for the district 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, 2024.

**RECOMMENDATION:** Staff recommends that the Board of County Commissioners, acting as the governing body of Tri-City Service District, authorize the Chair to execute the Report in Lieu of Audit form for Tri-City Service District, thereby meeting reporting requirements for FY 2023-24.

Respectfully submitted,

Fonald & Wireyen

Ron Wierenga Deputy Director, WES

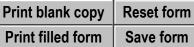
Attachment: Report in Lieu of Audit form for Tri-City Service District



GREGORY L. GEIST | DIRECTOR

Water Quality Protection Surface Water Management Wastewater Collection & Treatment

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



Fiscal year reported (MM/DD/YYY	· _ ·	- municipality		Municipal customer number*:
First day*: 07/01/2023	Last day*: 0	6/30/2024		1448
Name of municipality (use the	e official legal name	e)*:		
Tri-City Service District				
Mailing address 🗌 New or ch	nange of address			
Street or P.O. box*: 150 Beavero	creek Road, #430			
City*: Oregon City		County*: Cla	ackamas	ZIP code*: 97045
Registered agent (ORS 198.34	40) 🛛 New register	ed agent		-
Name:	Address (street/	-	code):	
Jane Vetto	2051 Kaen R	oad, Orego	on City, Oregon 9	97045
Officers*				
Name:	Title:		Address (street/city	/state/ZIP code):
Tootie Smith	Chair		2051 Kaen Road,	Oregon City, Oregon 97045
Paul Savas	Commissioner		2051 Kaen Road, Oregon City, Oregon 970	
Martha Schrader	Commissioner		2051 Kaen Road, Oregon City, Oregon 97	
Mark Shull & Ben West	Commissioner		2051 Kaen Road, Oregon City, Oregon 9704	
Fidelity or faithful performa	nce bond (ORS 297	.435 (2)(c))		
Name of company*: Liberty Mutu	al Insurance Comp	bany		
Name of person(s) covered*: Brian	Nava - Treasurer			
Amount of coverage (should equal of	or exceed total receipts/r	evenues [Part	A total])*: \$500,00	0
Account balances				
Please list the balances, per your ac	counting records, as of	the last day of	the year reported:	
Cash (from banks, credit union	is, county/state investme	ent pools, etc.)	: \$0	
Other assets (from land, build	ings, equipment, vehicle	es, etc.):	\$0	
Accounts payable (e.g., to rents, payroll, utilities):			\$0	
Long-term debt (from bonds,	loans, leases or other ou	utstanding deb	t): \$0	
By checking this box*, I hereby co	ertify that the information	n contained in	this report is true and	correct to the best of my
knowledge and belief. Sign (or ty	pe, if submitted electron			-
the information described in this r	report.			
Elected official's signature:		Date (MN	I/DD/YYYY)*: Title*:	

Elected official's signature:	Date (MM/DD/YYYY)*:	Title*:
		Chair
Elected official's printed name*:	Phone number*:	
Tootie Smith		(503) 655-8581

Fiscal year reported (MM/DD/YYYY):		Municipal customer number*:	
First day*: 07/01/2023	Last day*: 06/30/2024	1448	

## 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
<u> </u>						Part A total:	\$0

Part B: Expenditures/ disbursements	General operating fund		Fund:		Fund:	Fund:	
	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 <sup>†</sup> )	\$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.

## Filing fee (per ORS 297.285)

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

#### \*This is a required field.

<sup>†</sup>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).

s.SOS@oregon.gov	Save form	Submit via email	Print filled form	