

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 Tri-City Service District Clackamas County

Approval of FY 2022-23 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	September 22, 2022, Approval of FY 2021-22 Report in Lieu of Audit Form; reports in prior years were signed by the Chair as an administrative procedure. Presented at Issues – August 15, 2023.				
Performance Clackamas	Build Public Trust through Good Government				
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 TCSD 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 TCSD 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 Tri-City Service District, authorize the Chair to

For Filing Use Only

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

execute the Report in Lieu of Audit form for Tri-City Service District, thereby meeting reporting requirements for FY 2022-23.

Respectfully submitted,

Ron Wierenga

Assistant Director, WES

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



Tootie Smith

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

Fiscal year reported (MM/DD/YYY	Y):	Final report — municipality dissolved Municipal customer numb				mer number*:
First day*: 07/01/2022		Last day*: 06/30/2023			1448	
Name of municipality (use th	e offi	cial legal name)*:				
Tri-City Service District						
Mailing address New or ch	nange	of address				
Street or P.O. box*: 150 Beavero	creel	k Road, #430				
City*: Oregon City		Co	ounty*: C	lackamas	ZIP code*: 97	7045
Registered agent (ORS 198.3	40)	New registered a	igent			
Name:		Address (street/city	/state/ZIF	code):		
Stephen Madkour		2051 Kaen Road	d, Oreg	on City, Ore	gon 97045	
Officers*						
Name:	Title	:		Address (str	et/city/state/ZIP code):
Tootie Smith	Ch	air		2051 Kaen	Road, Oregon City,	Oregon 97045
Paul Savas	Со	mmissioner		2051 Kaen	Road, Oregon City,	Oregon 97045
Martha Schrader	Со	mmissioner		2051 Kaen	Road, Oregon City,	Oregon 97045
Mark Shull & Ben West	Со	mmissioner		2051 Kaen	Road, Oregon City,	Oregon 97045
Fidelity or faithful performan	nce b	ond (ORS 297.43	5 (2)(c))		
Name of company*: Liberty Mutu	al In	surance Compan	y			
Name of person(s) covered*: Brian	Na	va - Treasurer				
Amount of coverage (should equal of	r exc	eed total receipts/rever	nues [Par	t A total])*: \$5	0,000	
Account balances						
Please list the balances, per your ac	coun	ting records, as of the	last day o	f the year repo	ted:	
Cash (from banks, credit union	IS, COI	unty/state investment p	ools, etc	.): \$0		
Other assets (from land, build	ings,	equipment, vehicles, e	tc.):	\$0		<u></u>
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 continuous knowledge and belief. Sign (or ty the information described in this interest that the information described in the informatio	pe, if	submitted electronicall		•		•
Elected official's signature:			Date (M	M/DD/YYYY)*:	Title*:	
					Chair	
Elected official's printed name*:					Phone number*:	

(503) 655-8581

Fiscal year reported (MM/DD/YYYY):		Municipal customer number*:
First day*: 07/01/2022	Last day*: 06/30/2023	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
		•	•	•	•	Part A total:	\$0

art B: General operating fund Fund:			Fund:	Tatala (a atual			
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).