OTTER ROCK WATER DISTRICT COMPILATION REPORT JUNE 30, 2020

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579-2020

Prepared by
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INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

Board of Commissioners Otter Rock Water District Otter Rock, Oregon

Management is responsible for the accompanying Budget and Actual Transactions of Otter Rock Water District for the year ending June 30, 2020, included in the accompanying prescribed form. I have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. I did not audit or review the Budget and Actual Transactions included in the accompanying prescribed form nor was I required to perform any procedures to verify the accuracy or completeness of the information provided by management. I do not express an opinion, a conclusion, nor provide any assurance on the Budget and Actual Transactions included in the accompanying prescribed form.

The Budget and Actual Transactions included in the accompanying prescribed form is presented in accordance with the requirements of Oregon Secretary of State Audits Division, and is not intended to be a complete presentation of Otter Rock Water District's assets and liabilities.

The required supplementary information, Report to Secretary of State Required Information, is presented for purposes of additional analysis and is a required part of the Budgeted and Actual Transactions. Such information is the responsibility of management. I have not audited or reviewed the required supplementary information, and do not express an opinion or provide any form of assurance on it.

This report is intended solely for the information and use by Oregon Secretary of State Audits Division and is not intended to be and should not be used by anyone other than this specified party.

Signe Grimstad

Certified Public Accountant

Newport, Oregon

September 28, 2020

Members: AICPA OSCPA & OAIA



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

iscal year reported (MM/DD/YYYY): Final report — mu		municipality	dissolved	Municipal customer number*:		
irst day*: 07/01/2019 Last day*: 06/30		/30/2020		000579MUNI		
Name of municipality (use th	e offi	icial legal name)	*:		AND CAMPINESS IN PARTICULAR PARTI	
Otter Rock Water District						
Mailing address New or cl	nange	of address				
Street or P.O. box*: 6515 Gladys	Av	enue				
			County*: Li	*: Lincoln ZIP code*: 97369		
Registered agent (ORS 198.340) New registered agent						
Name: Address (street				code):		
Buck Boston-Chair		710 Third Stre	et, Otter	Rock, OR 9	7369	
Officers*						
Name:	Title	y.		Address (str	eet/city/state/ZIP code):	
Dan Gleason				120 1st St	, Otter Rock, OR 97369	
Patricia Anderson	Tre	easurer		6725 Ellie	Ave, Otter Rock, OR 97369	
Buzz Backenstow	Buzz Backenstow 220 4th St, Otter Rock, OR 97369					
Art Bradley			2	6850 Ellie Ave, Otter Rock, OR 97369		
Fidelity or faithful performance bond (ORS 297.435 (2)(c))						
Name of company*: Special Dist	rict I	nsurance Servic	е			
Name of person(s) covered*: Not S	Spec	ified				
Amount of coverage (should equal of	or exc	eed total receipts/rev	venues [Par	t A total])*: \$1	50,000	
Account balances						
Please list the balances, per your accounting records, as of the last day of the year reported:						
Cash (from banks, credit unions, county/state investment pools, etc.): \$91,032					2	
Other assets (from land, buildings, equipment, vehicles, etc.):				\$401,366		
Accounts payable (e.g., to rents, payroll, utilities):						
Long-term debt (from bonds, loans, leases or other outstanding debt):						
By checking this box*, I hereby c knowledge and belief. Sign (or ty the information described in this	pe, if	submitted electronic	contained in ally) the nar	this report is t me of the publi	rue and correct to the best of my cly elected official responsible for	
Elected official's signature:			Date (M	Date (MM/DD/YYYY)*: Title*:		
Lesan alit	re)	x 9/	30/2020	President	
Elected official's printed name*:		2	* /	/	Phone number*:	
SUCHA EIII	00	^			1541-912-2002	

Fiscal year reported (MM/DD/Y	YYY):	Municipal customer number*:		
First day*: 07/01/2019	Last day*: 06/30/2020	000579MUNI		

Budgeted and actual transactions

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

Part A: Revenues/receipts	General operating fund		Fund: Reserve		Fund:		Totalo /octual
	Budget	Actual	Budget	Actual	Budget	Actual	Totals (actual columns only)
Property taxes							\$0
Charges for services	\$100,200	\$101,179				9.5	\$101,179
Assessments							\$0
Grants (state and federal)							\$0
Long-term debt proceeds							\$0
Other revenues	\$6,600	\$895		\$1,454			\$2,349
P	A-we-i	J.	L			Part A total:	\$103,528

Part B: Expenditures/ disbursements	General operating fund		Fund: Reserve		Fund:	Fund:	
	Budget	Actual	Budget	Actual	Budget	Actual	Totals (actual columns only)
Personal services	\$58,276	\$38,200					\$38,200
Material and services	\$63,418	\$76,288					\$76,288
Capital outlay							\$0
Debt service							\$0
Contingencies							\$0
Other expenditures							\$0
Part C: Transfers bet	ween funds	1		91		Part B total*:	\$114,488
Transfer-in			1				\$ 0

Report summary

Transfer-out

0

Enter total expenditures/disbursements (Part B total†)	\$114,488
Filing fee (see table, right)	\$40

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.

\$0

[†]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).