

GRIMSTAD & ASSOCIATES
Certified Public Accountants

Newport Office:
P.O. Box 1930
530 N.W. 3rd St. Ste E
Newport, OR 97365
(541) 265-5411
Fax (541) 265-9255
info@grimstad-assoc.com

Lincoln City Office:
1349 N.W. 15th Street
Lincoln City, OR 97367
(541) 994-5252
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Board of Commissioners
Otter Rock Water District

Enclosed is the compilation for the current year filing with the State of Oregon. You will note in the cover letter we are stating we are not independent with Otter Rock. This is because we are preparing and reconciling the accounts on the trial balance as well as preparing the report to the State.

This is a service we have performed in previous years but due to the changes in accounting standards under compilations and due to the errors determined in the year ending 6/30/20, we are actually performing the book work for the year and so are not considered independent. For compilations to the State, this is allowable as long as we state we are not independent.

In reviewing and confirming with insurance on the fidelity coverage, it is determined the District is under the insured requirements. The fidelity bond needs to cover or exceed revenue collected. Confirmation was made with Rickie Mickle of WHA Insurance on the coverage balance.

Should you have any questions, do not hesitate to contact me.

Sincerely,



Signe Grimstad
Grimstad & Associates

Members:
AICPA OSCP & OAIA

OTTER ROCK WATER DISTRICT
COMPILATION REPORT
JUNE 30, 2021

Prepared by
Signe Grimstad
Certified Public Accountant
530 NW 3rd, Suite E
PO Box 1930
Newport, Oregon 97365

GRIMSTAD & ASSOCIATES
Certified Public Accountants

INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

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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, 2021, 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.

I am not independent with respect to Otter Rock Water District.



Signe Grimstad
Certified Public Accountant
Newport, Oregon
December 3, 2021



Oregon Secretary of State – Audits Division

Report in Lieu of Audit

Fiscal year reported (MM/DD/YYYY): <input type="checkbox"/> Final report — municipality dissolved	Municipal customer number*:
First day*: 07/01/2020	Last day*: 06/30/2021
000579MUNI	

Name of municipality (use the official legal name)*:

Otter Rock Water District

Mailing address New or change of address

Street or P.O. box*: 6515 Gladys Avenue		
City*: Otter Rock	County*: Lincoln	ZIP code*: 97369

Registered agent (ORS 198.340) New registered agent

Name:	Address (street/city/state/ZIP code):
Tom Kammerer	6415 A Ave, Otter Rock, OR 97369

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
Lisa Hall	VP	6740 Gladys, Otter Rock, OR 97369
Dick Cutler	Treasurer	6630 A Ave, Otter Rock, OR 97369
Beth Elliker	Secretary	6865 Ellie Ave, Otter Rock, OR 97369
Dana Taylor	Member	6515 A Ave, Otter Rock, OR 97369

Fidelity or faithful performance bond (ORS 297.435 (2)(c))

Name of company*: Special Districts Insurance Service
Name of person(s) covered*: Employees/Volunteers/Boar
Amount of coverage (should equal or exceed total receipts/revenues [Part A total])*: \$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.):	\$160,920
Other assets (from land, buildings, equipment, vehicles, etc.):	\$68,061
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 certify that the information contained in this report is true and correct to the best of my knowledge and belief. Sign (or type, if submitted electronically) the name of the publicly elected official responsible for the information described in this report.

Elected official's signature:	Date (MM/DD/YYYY)*:	Title*:
Elected official's printed name*:		Phone number*:

Fiscal year reported (MM/DD/YYYY):	Municipal customer number*:
First day*: 07/01/2020 Last day*: 06/30/2021	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:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes							\$0
Charges for services	\$97,597	\$94,589					\$94,589
Assessments							\$0
Grants (state and federal)							\$0
Long-term debt proceeds							\$0
Other revenues	\$600	\$40,660	\$1,388	\$541			\$41,201
Part A total:							\$135,790

Part B: Expenditures/ disbursements	General operating fund		Fund: Reserve		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$60,413	\$29,012					\$29,012
Material and services	\$54,172	\$34,970					\$34,970
Capital outlay							\$0
Debt service							\$0
Contingencies							\$0
Other expenditures							\$0
Part B total*:							\$63,982

Part C: Transfers between funds

Transfer-in							\$ 0
Transfer-out							\$ 0

Report summary

Enter total expenditures/disbursements (Part B total [†])	\$63,982
Filing fee (see table, right)	\$40

Filing fee (per ORS 297.285)

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

*This is a required field.

[†]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).