

# REPORT IN LIEU OF AUDIT

## SECRETARY OF STATE

### GENERAL INFORMATION AND INSTRUCTIONS

Oregon Law (ORS 297.435) requires every local government exempt from an annual audit or review to file financial statements with the Secretary of State, Audits Division. Those statements are due within **90 days** following the end of government's accounting (fiscal or calendar) year on forms prescribed by the Secretary of State. This report is required each year regardless of whether the municipality budgets on an annual or biennial basis. The report must be signed by an officer of the government; it is normally signed by the Secretary/Treasurer or Chair/President. If submitted electronically without a written signature, type in the name of the publicly elected official responsible for the information contained in the report.

These forms are provided for your convenience and are intended to aid you in meeting these requirements. Use of these forms is not mandatory. However, any variation should provide the same basic information. Please submit any substitute forms on letter-sized paper (8 1/2" x 11"). Should you need additional copies please visit our website at

<http://sos.oregon.gov/audits/Pages/muniaudits.aspx>

#### **Required Information** (First page of report)

**Fiscal Year Reported:** This should be the government's fiscal year. Some common fiscal periods are July 1, 20X1 through June 30, 20X2, and January 1, 20X1 through December 31, 20X1.

**Registered Agent:** Special districts are required by law (ORS 198.340) to designate a registered office and a registered agent. The registered agent should be the person who receives official notices on behalf of the district. The address of the registered agent must be the same as the district's registered office. The form used to designate a registered agent can be found on our website at <http://sos.oregon.gov/audits/Pages/muniaudits.aspx>

**Officers:** The officers listed should include those that governed during the period being reported.

**Fidelity or Performance Bond:** To remain exempt from audit requirements under ORS 297.435(2)(c), a local government must maintain a fidelity or faithful performance bond for the principal responsible official of the municipal corporation. The amount must be at least equal to the total amount of money received by the municipal corporation during the year.

#### **Budgeted and Actual Transactions** (Second page of report)

This schedule is used to report the budgeted and actual revenues/receipts and expenditures/disbursements for the fiscal year. Three funds can be reported on the schedule; the organization's General Operating Fund and up to two additional funds if necessary. Please fill in the names of the budgeted funds (Reserve, Capital Projects, Debt Service, etc.). If more than three funds are adopted, copy a blank schedule to report the others. Leave blank any accounts (line items) that do not apply to your organization.

Whether you budget on an annual or biennial basis the Budget columns on this schedule should report the final budgeted amounts including all supplemental budgets and transfers. The Actual columns should report receipts and disbursements during the year. If your organization is exempted from the requirements of the Local Budget Law, you are not required to complete the budget columns but still must complete the Actual Columns.

**Transfers Between Funds** - Transfers between funds and interfund loans are presented separately in the schedule. These transactions are common among municipalities with multiple funds. However, these amounts are not used in calculating the \$150,000 threshold to determine which reports should be filed with the Secretary of State at the end of the fiscal year. Finally, transfers between funds should always net out to zero in the far right column. In other words, Transfers-Out should always be equal to Transfers-In.

**Municipal Customer** numbers can be found online:

<https://secure.sos.state.or.us/muni/public.do>

Enter your government name in the **Government Name** field.

Select any year and click the **Search** button.

Your customer number will be located in the left column of the search results.

**Report to Secretary of State  
Required Information**

Municipal Customer #

Fiscal Year Reported:

First Day

Last Day

1.

Name of government (use the official legal name)

2.

Mailing Address (Street or PO Box)

City

County

Zip Code

**REGISTERED AGENT (ORS 198.340)**

3.

Name

Title

Address

**OFFICERS**

4.

Name

Title

Address

Name

Title

Address

Name

Title

Address

Name

Title

Address

**Fidelity or Faithful Performance Bond (ORS 297.435 (2)(c))**

5.

Name of Company

6.

Name of Person Covered

Amount (should equal or exceed total money received)

7.

Please list the balances, per your accounting records, as of the last day of the year reported:

a) **Cash** (banks, credit unions, county/state investment pools, etc.)

\$

b) **Other Assets** (land, buildings, equipment, vehicles, etc.)

\$

c) **Accounts payable** (e.g. rents, payroll, utilities)

\$

d) **Long-Term Debt** (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 who is responsible for the information described in this report.

8.

Signature of elected official

9.

Telephone No.

Title

Name of government (use the official legal name)

Fiscal Year Reported:

First Day

Last Day

**Budgeted and Actual Transactions**

	General Fund		Fund		Fund		Total Actual
	Budget	Actual	Budget	Actual	Budget	Actual	
<b>A. Revenue/Receipts</b>							
Property taxes	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Charges for services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assessments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grants (state and federal)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long-Term Debt Proceeds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total (A)</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>B. Payments/Disbursements</b>							
Personal Services	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Material and Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capital Outlay	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Debt Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contingencies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Payments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total (B)</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>C. Transfers Between Funds</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Enter Total Payments/Disbursements (Part B above)

**If Total Payments/Disbursement (B) exceed \$150,000, the municipality must have an audit or review for this fiscal year (ORS 297.435).**

**FILING INSTRUCTIONS**

This report is due within 90 days from the end of your fiscal year reported.  
Please submit the completed report and required filing fee to the following address/email:

**Secretary of State - Business Services Division**      [municipalfilings@sos.state.or.us](mailto:municipalfilings@sos.state.or.us)  
255 Capitol Street NE, Suite 180  
Salem, Oregon 97310

**FILING FEE (ORS 297.485)**

Expenditures (Item B)		Filing Fee
Over	Not Over	
\$0	\$50,000	<b>\$20.00</b>
\$50,000	\$150,000	<b>\$40.00</b>