

**Reedsport Urban Renewal Agency
Douglas County, Oregon**

COMPILATION REPORT

as of

JUNE 30, 2010

Prepared by
Signe Grimstad
Certified Public Accountant
530 NW 3rd, Suite E
P.O. Box 1930
Newport, OR 97365

GRIMSTAD & ASSOCIATES

Certified Public Accountants

530 NW 3rd St., Ste. E

PO Box 1930

Newport, OR 97365

September 30, 2010

ACCOUNTANT'S COMPILATION REPORT

Board of Commissioners
Reedsport Urban Renewal Agency
Reedsport, Oregon

I have compiled the accompanying Budgeted and Actual Transactions of Reedsport Urban Renewal Agency for the year ended June 30, 2010, in the accompanying prescribed form, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

My compilation was limited to presenting in the form prescribed by the State of Oregon, Secretary of State Audits Division information that is the representation of management. I have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance on them.

These financial statements are presented in accordance with the requirements of the State of Oregon, Secretary of State Audits Division, which differ from generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

Signe Grimstad

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Certified Public Accountant

**Report to Secretary of State
Required Information**

Fiscal Year Reported: First Day_7-1-09__, Last Day__6-30-10__

1. Reedsport Urban Renewal Agency
Name of government (use the official legal name)

2. 451 Winchester Ave. Reedsport Douglas 97467
Mailing Address (Street or PO Box) City County Zip Code

3. **REGISTERED AGENT (ORS 198.340)**

Keith Tymchuk _____ Chair _____ 1405 Ranch Rd. Reedsport, OR 97467 _____
Name Title Mailing Address (same as district's official office) Zip Code

4. **OFFICERS**

Diane Essig _____ Commissioner _____ 255 Winchester Ave. Reedsport, OR 97467 _____
Name Title Address

Bill Otis _____ Commissioner _____ 2775 Greenbriar Ave. Reedsport, OR 97467 _____
Name Title Address

Bill Walker _____ Commissioner _____ 950 View Street Reedsport, OR 97467 _____
Name Title Address

Tonya Wahl _____ Commissioner _____ 2398 Aurther Dr. Reedsport, OR 97467 _____
Name Title Address

Mike Macho _____ Commissioner _____ 324 Bittersweet Crk Reedsport, OR 97467 _____
Name Title Address

Ginger Anderson _____ Commissioner _____ 760 Ranch Road Reedsport, OR 97467 _____
Name Title Address

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

5. Old Republic _____
Name of Company

6. Board of Commissioners _____ \$100,000 _____
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.) \$ 79,825 _____
 - b) **Other Assets** (land, buildings, equipment, vehicles, etc.) \$ _____
 - c) **Accounts payable** (e.g. rents, payroll, utilities) \$ 5,195 _____
 - d) **Long-Term Debt** (bonds, loans, leases, or other outstanding debt) \$ _____

I hereby certify that the above information and the budgeted and actual transaction totals noted on the following page(s) are true and correct to the best of my knowledge and belief.

8. _____
Signature of elected official

9. (541)271-3603 _____
Telephone No. Title

Name of Government: Reedsport Urban Renewal Agency

Fiscal Year Reported: First Day ___7-1-09___, Last Day ___6-30-10___

Budgeted and Actual Transactions

	General	Fund	Fund		Fund		Total
	Budget	Actual	Budget	Actual	Budget	Actual	Actuals
A. Revenues/Receipts							
▪ Property taxes	19,030	75,683					
▪ Charges for services							
▪ Assessments							
▪ Grants (state and federal)							
▪ Long-Term Debt Proceeds							
▪ Other Interest	150	308					
TOTAL (A)	19,180	75,991	_____	_____	_____	_____	_____
B. Payments/Disbursements							
▪ Personal Services							
▪ Material and Services	3,480	2,029					
▪ Capital Outlay	25,000	7,331					
▪ Debt Service							
▪ Contingencies							
▪ Other Payments							
TOTAL (B)	28,480	9,360	_____	_____	_____	_____	_____
C. Transfers Between Funds							

Enter Total Payments/Disbursements (Part B above) \$ 9,360

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