



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
000965MUNI	

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

IRRIGON COMMUNITY PARKS & REC DISTRICT

Mailing address New or change of address

Street or P.O. box*: PO BOX 438

City*: IRRIGON	County*: MORROW	ZIP code*: 97844
----------------	-----------------	------------------

Registered agent (ORS 198.340) New registered agent

Name:	Address (street/city/state/ZIP code):
BURRELL L COOLEY, CHAIRMAN	PO BOX 438 IRRIGON OR 979844

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
DAVID COOLEY	VICE-CHAIRMAN	WASHINGTON LANE IRRIGON OR 97844
NEILA COFFMAN	SEC/TREASURER	WASHINGTON LANE IRRIGON OR 97844
GLENN MARET	BOARD MEMEBER	WASHINGTON LANE IRRIGON OR 97844
KENT HEIDT	BOARD MEMBER	WASHINGTON LANE IRRIGON OR 97844

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

Name of company*: WESTERN SURETY COMPANY

Name of person(s) covered*: NEILA COFFMAN

Amount of coverage (should equal or exceed total receipts/revenues [Part A total]*): \$125,000

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.): \$338,025

Other assets (from land, buildings, equipment, vehicles, etc.): _____

Accounts payable (e.g., to rents, payroll, utilities): \$414

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*:
NEILA COFFMAN	03/21/2022	SEC/TREASURER
Elected official's printed name*:	Phone number*:	
NEILA COFFMAN	(541) 571-5725	

Fiscal year reported (MM/DD/YYYY):	Municipal customer number*:
First day*: 07/01/2020 Last day*: 06/30/2021	000965MUNI

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:		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	\$99,223	\$107,299					\$107,299
Charges for services	\$5,500	\$7,950					\$7,950
Assessments	\$0						\$0
Grants (state and federal)	\$357,500	\$59,902					\$59,902
Long-term debt proceeds	\$0	\$0					\$0
Other revenues	\$200	\$777					\$777
Part A total:							\$175,928

Part B: Expenditures/ disbursements	General operating fund		Fund:		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$37,500	\$29,115					\$29,115
Material and services	\$0	\$67,879					\$67,879
Capital outlay	\$267,900	\$0					\$0
Debt service							\$0
Contingencies	\$2,100	\$0					\$0
Other expenditures	\$0	\$0					\$0
Part B total*:							\$96,994

Part C: Transfers between funds

Transfer-in							
Transfer-out							

Report summary

Enter total expenditures/disbursements (Part B total [†])	\$96,994
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).