ENTI	ГΥ:	Douglas Co	ounty	QUARTE	R ENDING:	6/30/2014
QUES	STION	S REGARD	NG ECONOMIC CONDIT		REPARED:	8/13/2014
	Yes	No	Since the last filing:			
1.		X		ounts for 15 % or more of the em		
2.	Χ			a cumulative increase or decre		lation or
3.		Х	Has there been any signification of the state of the stat	ant event(s) in the region which s on page 2.	could affect your entity posit	ively?
4.		X	Has there been any signification of the second seco	ant event(s) in the region which s on page 2.	could affect your entity nega	itively?
5.		Х	Has anything significant occ If yes, please provide details	curred which could affect your ex s on page 2.	xpected level of revenues?	
QUE	STION	IS REGARD	ING OPERATIONS			
6.		Х	_	e in your general (principal oper the past two fiscal years? If yes		_
7.	Х		Has the entity entered into a lf yes, please provide details	any new debt arrangements sinc s on page 2.	ee the previous report?	
8.		Х	Has the entity borrowed mor	ney to pay for current operations s on page 2.	s?	
9.		Х	Has the entity made an inter	rfund loan(s) to pay for current o s on page 2.	operations?	
10.		Х		imely any contributions to gover nen's Comp or Federal taxes)?	=	
11.		X	Has the entity failed to make	e timely payments for debt servious on page 2.	ce, to vendors or others?	
12.	Х		Has the entity augmented th	ne appropriated expenses for an s on page 2.	ny proprietary fund since the	previous report?
13.		h and cash e erprise Fund		of quarter ending	6/30/2014	
			9,058,130	10,028,795		
14.	Gen	eral Fund E	nding Balance as of quarte <u>Prior Year</u>	er ending Current Year	6/30/2014	
			5,689,147	7,669,561		
15.		h and cash e neral Fund C	•	of quarter ending	6/30/2014	
			6 710 087	8 464 890		

1-6.	Assessed Val	uation decreased 8.04% in	2012 and 5.71% in 2013			
7.		Date 05/01/14	Type Sewer Refunding Issue	\$	Amount	2,010,000
8.		Date	Lender		Amount	
9.	Date	From Fund	To Fund		Amount	
10-11.						
12. 13-15.		Date 6/30/2014	Fund Various	\$	Amount	2,849,550
	ARED BY:	Schurke, Marcie, Budg Name/	et Analyst II Title ATION PROVIDED IS TRUE & COR	RECT FOR THE F	Signature PERIOD INDICATE	ED.
REVIE	WED BY:	Christine Vuletich, Ass	stant County Manager/ CFO		Signature	

					_	
ENTI	ΓY:	Douglas County Redevelopm	ent Agency	QUARTE	R ENDING:	6/30/2014
QUES	STION	S REGARDING ECONOMIC	CONDITIONS		REPARED:	8/13/2014
	Yes	No Since the last filir	ng:			
1.					employment in the area c ase provide details on pa	
2.	X				crease of 10% or more in provide details on page 2	
3.		X Has there been any If yes, please provi	=		ch could affect your entity	positively?
4.		X Has there been any If yes, please provi	=	- · ·	ch could affect your entity	negatively?
5.		X Has anything signif		· · · · · · · · · · · · · · · · · · ·	expected level of revenu	es?
QUE	STIO	IS REGARDING OPERATION	s			
6.				- " '	perating) fund had an une yes, please provide details	·
7.		X Has the entity enter		=	ince the previous report?	
8.		X Has the entity borro		pay for current operation	ons?	
9.		X Has the entity made		pan(s) to pay for currer age 2.	nt operations?	
10.					vernmental agencies for to y? If yes, please provide o	ne benefits of its employees, details on page 2.
11.		X Has the entity failed	-	· · ·	rvice, to vendors or others	s?
12.		X Has the entity augn			any proprietary fund since	e the previous report?
13.		h and cash equivalents (unaud	ited) as of qua	arter ending	:	
	(En	terprise Fund(s) Only) <u>Prior Year</u>		Current Year		
		n/a		n/a		
14.	Ger	neral Fund Ending Balance (una <u>Prior Year</u>	audited) as of	quarter ending Current Year	6/30/2014	
		169,693	_	260,751		
15.		h and cash equivalents (unaud neral Fund Only)	ited) as of qua	arter ending	6/30/2014	
	(00	Prior Year		Current Year		

261,060

171,131

1-6.	Assessed Valu	uation decreased 8.04% ir	n 2012 and 5.71% in 2013		_
					_
					_
7.		Date	Туре	Amount	
					_
8.		Date	Lender	Amount]
					_
9.	Date	From Fund	To Fund	Amount	_ _
10-11.					_
					<u>-</u>
					<u> </u>
12.		Date	Fund	Amount	
13-15.					_
10-10.					_ _
					_
					_
PREP	ARED BY:	Schurke, Marcie, Budo Name	get Analyst II /Title	Signature	_
PERS	ON SIGNING C	ERTIFIES ALL INFORM	ATION PROVIDED IS TRUE & CO	RRECT FOR THE PERIOD INDICATED.	
REVIE	WED BY:	Christine Vuletich, Ass Name	sistant County Manager/ CFO /Title	Signature	_

ENTI	TY:	Town of Minden	QUARTER ENDING:	6/30/2014
QUE	STION	S REGARDING ECONOMIC CO	DATE PREPARED:	8/13/2014
	Yes	No Since the last filing:		
1.			t accounts for 15 % or more of the employment in the area closed or significantly nce the previous report? If yes, please provide details on page 2.	
2.	Х	· · · · · · · · · · · · · · · · · · ·	enced a cumulative increase or decrease of 10% or more in population or the past two years? If yes, please provide details on page 2.	
3.		X Has there been any si If yes, please provide	gnificant event(s) in the region which could affect your entity positively? details on page 2.	
4.		X Has there been any si If yes, please provide	gnificant event(s) in the region which could affect your entity negatively? details on page 2.	
5.		X Has anything significa If yes, please provide	nt occurred which could affect your expected level of revenues? details on page 2.	
QUE	STION	S REGARDING OPERATIONS		
6.		·	nalance in your general (principal operating) fund had an unexplained, unbudgeted, ne for the past two fiscal years? If yes, please provide details on page 2.	
7.		X Has the entity entered	into any new debt arrangements since the previous report? details on page 2.	
8.		X Has the entity borrowe If yes, please provide	ed money to pay for current operations? details on page 2.	
9.		X Has the entity made a If yes, please provide	n interfund loan(s) to pay for current operations? details on page 2.	
10.		· · · · · · · · · · · · · · · · · · ·	p pay timely any contributions to governmental agencies for the benefits of its employ Norkmen's Comp or Federal taxes)? If yes, please provide details on page 2.	/ees,
11.		X Has the entity failed to	o make timely payments for debt service, to vendors or others? details on page 2.	
12.	Х	Has the entity augmer If yes, please provide	nted the appropriated expenses for any proprietary fund since the previous report? details on page 2.	
13.		n and cash equivalents (unaudite erprise Fund(s) Only) Prior Year	d) as of quarter ending 6/30/2014 Current Year	
4.4	•	4,195,432	5,553,779	
14.	Gen	eral Fund Ending Balance (unaud <u>Prior Year</u>	Current Year	
		418,685	453,823	
15.		n and cash equivalents (unaudite neral Fund Only) <u>Prior Year</u>	d) as of quarter ending 6/30/2014	

559,516

537,378

1-6.	Assessed Valu	uation decreased 8.04% in 20	12 and 5.71% in 2013			
7.		Date	Туре		Amount	
8.		Date	Lender		Amount	
9.	Date	From Fund	To Fund		Amount	
10-11.						
12.		Date Fund #	Fund		Amount	
		6/30/2014	Various	\$		472,830
13-15.						
PRFP/	ARED BY:	Schurke, Marcie, Budget A	analyst II			
		Name/Title	e		Signature	
PERSO	ON SIGNING C	CERTIFIES ALL INFORMATIO	ON PROVIDED IS TRUE & CO	ORRECT FOR THE	E PERIOD INDICATE	ED.
REVIE	WED BY:	Christine Vuletich, Assistar Name/Title	nt County Manager/ CFO		Signature	

ENTI	TY:	Town of G	enoa	QUARTE	R ENDING:	6/30/2014
QUE	STION	IS REGARD	ING ECONOMIC CONDITION		REPARED:	8/13/2014
	Yes	No	Since the last filing:			
1.		X	Has any employer that accounts reduced operations since the pr		e employment in the area closed or significantly lease provide details on page 2.	
2.	X		Has your entity experienced a c assessed valuation in the past t		ecrease of 10% or more in population or e provide details on page 2.	
3.		X	Has there been any significant of liftyes, please provide details on		ich could affect your entity positively?	
4.		Х	Has there been any significant of liftyes, please provide details on	` '	ich could affect your entity negatively?	
5.		Х	Has anything significant occurre		ir expected level of revenues?	
QUE	STION	NS REGARE	DING OPERATIONS			
6.		X	4		operating) fund had an unexplained, unbudgeted, yes, please provide details on page 2.	
7.		X	Has the entity entered into any r	=	since the previous report?	
8.		X	Has the entity borrowed money If yes, please provide details on		tions?	
9.		X	Has the entity made an interfund If yes, please provide details on		ent operations?	
10.		Х			overnmental agencies for the benefits of its employ s)? If yes, please provide details on page 2.	/ees,
11.		Х	Has the entity failed to make tim		ervice, to vendors or others?	
12.		X	Has the entity augmented the all If yes, please provide details on		r any proprietary fund since the previous report?	
13.	Cas	h and cash	equivalents (unaudited) as of o	quarter ending	:	
	(Ent	terprise Fund	d(s) Only) <u>Prior Year</u>	Current Year		
			n/a	n/a		
14.	Gen	neral Fund E	nding Balance (unaudited) as <u>Prior Year</u>	of quarter ending <u>Current Year</u>	6/30/2014	
			9,940	36,601		
15.		h and cash neral Fund (·	6/30/2014	
			Prior Year	Current Year		
			161,227	180,476		

1-6.	Assessed Valu	uation decreased 8.04% i	n 2012 and 5.71% in 2013		_
					_
					_
					—
•					—
-					_
7.		Date	Туре	Amount	
					_
8.		Date	Lender	Amount	\neg
0.		Date	Lender	Amount	_
					_
9.	Date	From Fund	To Fund	Amount	\Box
					_
		-			
10-11					
					_
-					_
					_
12.		Date	Fund	Amount	\neg
12.		Date	i unu	Amount	_
					_
					_
13-15.					
					_
					_
-					_
-					_
					_
PREPA	ARED BY:	Schurke, Marcie, Bud	get Analyst II		
		Name	/Title	Signature	
DEDO	ON SIGNING O	PEDTICIES ALL INCORM	ATION DROVIDED IS TRUE 9 OF	DRRECT FOR THE PERIOD INDICATED.	
reko(JN SIGNING C	EKTIFIES ALL INFURIM	ATION PROVIDED IS TRUE & CO	JARECT FOR THE PERIOD INDICATED.	
REVIE'	WED BY:	Christine Vuletich, Ass	sistant County Manager/ CFO		
		Name	/Title	Signature	_

ENTI	TY:	Town of Gardnervil	le	_ QUARTE	R ENDING:	6/30/2014
OUE	OTION!	0.DE04DDING.			REPARED:	8/13/2014
QUES			ONOMIC CONDITIC	JN5		
	Yes	No Since t	he last filing:			
1.			· -		employment in the area closed or significantly ease provide details on page 2.	
2.	Х				crease of 10% or more in population or provide details on page 2.	
3.		-	re been any significant lease provide details o	• • • =	ch could affect your entity positively?	
4.			re been any significant lease provide details o	• • • •	ch could affect your entity negatively?	
5.		·	/thing significant occuri lease provide details o		r expected level of revenues?	
QUE	STION	IS REGARDING OP	ERATIONS			
6.			=		perating) fund had an unexplained, unbudgeted, yes, please provide details on page 2.	
7.			entity entered into any lease provide details o	new debt arrangements s n page 2.	since the previous report?	
8.		-	entity borrowed money lease provide details o	y to pay for current operati n page 2.	ons?	
9.		-	entity made an interfu lease provide details o	nd loan(s) to pay for currer n page 2.	nt operations?	
10.					vernmental agencies for the benefits of its emplo)? If yes, please provide details on page 2.	yees,
11.		-	entity failed to make ti lease provide details o		ervice, to vendors or others?	
12.		4 —	entity augmented the a		any proprietary fund since the previous report?	
13.	Cas	h and cash equivaler	nts (unaudited) as of	quarter ending	6/30/2014	
	(Ent	erprise Fund(s) Only <u>Prior</u>	r) <u>Year</u>	Current Year		
		7	16,633	561,016		
14.	Gen	_	alance (unaudited) as <u>Year</u>	of quarter ending Current Year	6/30/2014	
		5	16,311	586,364		
15.			nts (unaudited) as of	quarter ending	6/30/2014	
	(Ger	neral Fund Only) <u>Prior</u>	<u>Year</u>	Current Year		
		5	35,077	630,413		

1-6.	Assessed Valu	uation decreased 8.04% in 201	2 and 5.71% in 2013		
7.		Date	Туре	Amount	
					_
8.		Date	Lender	Amount	
					_
9.	Date	From Fund	To Fund	Amount	
					_
10-11.					
					<u> </u>
					_
12.		Date Fund #	Fund	Amount	
13-15.					
13-13.					_
					_
DDED	ARED BY:	Schurke, Marcie, Budget A	nalvat II		
-IXLF/	AILD DT.	Name/Title	naiyət ii	Signature	
PERS	ON SIGNING C	ERTIFIES ALL INFORMATIO	N PROVIDED IS TRUE & COI	RRECT FOR THE PERIOD INDICATED.	
REVIE	WED BY:	Christine Vuletich, Assistar	nt County Manager/ CFO		
		Name/Title		Signature	

ENTI	TY:	East Fork	Fire Protection District	QUARTE	R ENDING:	6/30/2014
QUES	STION	S REGARD	ING ECONOMIC CONDITION		REPARED:	8/13/2014
	Yes	No	Since the last filing:			
1.		X	Has any employer that accounts reduced operations since the pre		employment in the area closed or significantly ase provide details on page 2.	
2.	X		Has your entity experienced a cu assessed valuation in the past to		crease of 10% or more in population or provide details on page 2.	
3.		X	Has there been any significant e If yes, please provide details on		ch could affect your entity positively?	
4.		X	Has there been any significant e If yes, please provide details on		ch could affect your entity negatively?	
5.		X	Has anything significant occurre If yes, please provide details on	=	expected level of revenues?	
QUE	STION	IS REGARD	ING OPERATIONS			
6.		Х	-		perating) fund had an unexplained, unbudgeted, res, please provide details on page 2.	
7.		Х	Has the entity entered into any n		nce the previous report?	
8.		X	Has the entity borrowed money to lf yes, please provide details on		ons?	
9.		X	Has the entity made an interfund If yes, please provide details on		t operations?	
10.		X			vernmental agencies for the benefits of its employer? If yes, please provide details on page 2.	es,
11.		Х	Has the entity failed to make tim If yes, please provide details on		rvice, to vendors or others?	
12.		X	Has the entity augmented the ap		any proprietary fund since the previous report?	
13.		h and cash derprise Fund	equivalents (unaudited) as of q d(s) Only)	uarter ending	:	
	`	•	<u>Prior Year</u>	Current Year		
			n/a	n/a		
14.	Gen	eral Fund E	nding Balance (unaudited) as o <u>Prior Year</u>	of quarter ending Current Year	6/30/2014	
			1,535,275	1,756,590		
15.			equivalents (unaudited) as of q	uarter ending	6/30/2014	
	(Ge	neral Fund (Only) <u>Prior Year</u>	Current Year		
			1,703,709_	1,613,252		

1-6.	Assessed Valu	uation decreased 8.04% ir	n 2012 and 5.71% in 2013		_
					_
					_
7.		Date	Туре	Amount	
					_
8.		Date	Lender	Amount]
					_
9.	Date	From Fund	To Fund	Amount	_ _
10-11.					_
					<u>-</u>
					<u> </u>
12.		Date	Fund	Amount	
13-15.					_
10-10.					_ _
					_
					_
PREP	ARED BY:	Schurke, Marcie, Budo Name	get Analyst II /Title	Signature	_
PERS	ON SIGNING C	ERTIFIES ALL INFORM	ATION PROVIDED IS TRUE & CO	RRECT FOR THE PERIOD INDICATED.	
REVIE	WED BY:	Christine Vuletich, Ass Name	sistant County Manager/ CFO /Title	Signature	_

ENTI	TY:	East Fork	Paramedic District	QUARTE	R ENDING:	6/30/2014				
QUES	STION	S REGARD	ING ECONOMIC CONDITIO		PREPARED:	8/13/2014				
	Yes	. No	Since the last filing:							
1.		X	Has any employer that accounts for 15 % or more of the employment in the area closed or significantly reduced operations since the previous report? If yes, please provide details on page 2.							
2.	X		Has your entity experienced a cumulative increase or decrease of 10% or more in population or assessed valuation in the past two years? If yes, please provide details on page 2.							
3.		X	Has there been any significant event(s) in the region which could affect your entity positively? If yes, please provide details on page 2.							
4.		X	X Has there been any significant event(s) in the region which could affect your entity negatively? If yes, please provide details on page 2.							
5.		X	X Has anything significant occurred which could affect your expected level of revenues? If yes, please provide details on page 2.							
QUE	STION	NS REGARI	DING OPERATIONS							
6.		X Has the ending fund balance in your general (principal operating) fund had an unexplained, unbudgeted, or unanticipated decline for the past two fiscal years? If yes, please provide details on page 2.								
7.		Х	X Has the entity entered into any new debt arrangements since the previous report? If yes, please provide details on page 2.							
8.		Х	Has the entity borrowed money to pay for current operations? If yes, please provide details on page 2.							
9.		Х	Has the entity made an interfund loan(s) to pay for current operations? If yes, please provide details on page 2.							
10.		X	Has the entity failed to pay timely any contributions to governmental agencies for the benefits of its employees, (for example, PERS, Workmen's Comp or Federal taxes)? If yes, please provide details on page 2.							
11.		Has the entity failed to make timely payments for debt service, to vendors or others? If yes, please provide details on page 2.								
12.		X	Has the entity augmented the a		any proprietary fund since the previou	ıs report?				
13.			equivalents (unaudited) as of	quarter ending	:					
	(Ent	terprise Fun	d(s) Only) <u>Prior Year</u>	Current Year						
			n/a	n/a						
14.	Ger	neral Fund E	inding Balance (unaudited) as <u>Prior Year</u>	of quarter ending Current Year	6/30/2014					
			(114,919)	173,730						
15.			equivalents (unaudited) as of	quarter ending	6/30/2014					
	(Ge	neral Fund (Only) <u>Prior Year</u>	Current Year						
			381,528	242,118						

1-6.	Assessed Valuation decreased 8.04% in 2012 and 5.71% in 2013						
-					_		
-					_		
7.		Date	Туре	Amount			
					_		
8.		Date	Lender	Amount			
					_		
9.	Date	From Fund	To Fund	Amount	 		
10-11. ₋							
-					<u> </u>		
-					<u> </u>		
12.		Date	Fund	Amount			
					_		
. 13-15.					<u>-</u>		
					_		
					_		
PREPARED BY:		Schurke, Marcie, Budo Name	get Analyst II /Title	Signature			
PERSO	ON SIGNING C	CERTIFIES ALL INFORM	ATION PROVIDED IS TRUE & CO	PRRECT FOR THE PERIOD INDICATED.			
REVIEWED BY:		Christine Vuletich, Ass	sistant County Manager/ CFO	Signature			
		ranic	1100	Signature			

- #12 Run an Budget Amendments Report for funds 309-326, Expense only. Increases decreases = amount for this question
- #13 Do not include restricted cash
- #14 Beginning fund balance + revenues expenses = ending fund balance
- #15 do not include restricted cash. For Q4, there will be a line item called cash with other officials. This is included because it is cash from departments that is in transit on June 30. It has not been received by the Treasurer's office yet.