ENTITY	: Douglas C	County	QUARTE	R ENDING:	6/30/2015
QUEST	IONS REGARD	ING ECONOMIC CONDI		REPARED:	8/12/2015
	Yes No	Since the last filing:			
1.	Х		ounts for 15 % or more of the em	ployment in the area closed or significantly e provide details on page 2.	
2.	Х	-	d a cumulative increase or decre	ase of 10% or more in population or ovide details on page 2.	
3.	Х	Has there been any signific If yes, please provide detail	· · · · =	could affect your entity positively?	
4.	Х	Has there been any signific If yes, please provide detail	· · · · =	could affect your entity negatively?	
5.	Х	Has anything significant oc If yes, please provide detail	curred which could affect your ex ls on page 2.	rpected level of revenues?	
QUEST	TIONS REGARI	DING OPERATIONS			
6.	Х	-		ating) fund had an unexplained, unbudgeted, , please provide details on page 2.	
7.	Х	Has the entity entered into If yes, please provide detail	any new debt arrangements sinc Is on page 2.	e the previous report?	
8.	Х	Has the entity borrowed mo	oney to pay for current operations Is on page 2.	?	
9.	Х	Has the entity made an inte	erfund loan(s) to pay for current o ls on page 2.	perations?	
10.	Х			nmental agencies for the benefits of its employed fyes, please provide details on page 2.	es,
11.	Х	Has the entity failed to mak If yes, please provide detai	te timely payments for debt servious Is on page 2.	ce, to vendors or others?	
12.	Х	Has the entity augmented t		y proprietary fund since the previous report?	
		. ,	s of quarter ending	6/30/2015	
	(Enterprise Fun	d(s) Only) <u>Prior Year</u>	Current Year		
		10,028,795	10,570,246		
14.	General Fund E	Ending Balance as of quart <u>Prior Year</u>	er ending Current Year	6/30/2015	
		7,669,561	10,402,423		
	Cash and cash (General Fund	. ,	s of quarter ending Current Year	6/30/2015	

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9,552,457

8,464,890

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7.		Date	Туре	Amount
8.		Date	Lender	Amount
9.	Date	From Fund	To Fund	Amount
10-11 				
12.		Date 6/20/2015	Fund	Amount #2.065.707
13-15 _		6/30/2015	Various	\$2,965,707
PREPAI	RED BY:	Kathy Kaiser, Budget A Name/	nalyst Title	Signature
PERSO	N SIGNING (CERTIFIES ALL INFORMA	ATION PROVIDED IS TRUE & CORF	RECT FOR THE PERIOD INDICATED.
REVIEV	VED BY:	Christine Vuletich, Assi	istant County Manager/ CFO	Signature

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ENTI	TY:	Douglas C	County Redevelopment Agency	QUARTE	R ENDING:	6/30/2015
QUE	STION	NS REGARE	DING ECONOMIC CONDITION		REPARED:	8/12/2015
	Yes	s 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 tw		crease of 10% or more in population or provide details on page 2.	
3.		X	Has there been any significant e		ch could affect your entity positively?	
4.		Х	Has there been any significant en	· · ·	ch could affect your entity negatively?	
5.		X	Has anything significant occurred lf yes, please provide details on p	=	expected level of revenues?	
QUE	STIO	NS REGAR	DING OPERATIONS			
6.		X			perating) fund had an unexplained, unbudgete yes, please provide details on page 2.	ed,
7.		X	Has the entity entered into any normal lf yes, please provide details on p	=	ince the previous report?	
8.		Х	Has the entity borrowed money to		ons?	
9.		Х	Has the entity made an interfund If yes, please provide details on p		nt operations?	
10.		Х			vernmental agencies for the benefits of its em ? If yes, please provide details on page 2.	ployees,
11.		Х	Has the entity failed to make time		rvice, to vendors or others?	
12.		Х	Has the entity augmented the ap		any proprietary fund since the previous repor	t?
13.			equivalents (unaudited) as of q	uarter ending	:	
	(En	nterprise Fur	id(s) Only) <u>Prior Year</u>	Current Year		
			n/a	n/a		
14.	Ge	neral Fund E	Ending Balance (unaudited) as c <u>Prior Year</u>	of quarter ending <u>Current Year</u>	6/30/2015	
			260,751	236,634		
15.		sh and cash eneral Fund	* *	_	6/30/2015	
			<u>Prior Year</u>	Current Year		

241,050

261,060

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7.	Date	Туре	Amount
8.	Date	Lender	Amount
9. Date	From Fund	To Fund	Amount
10-11.			
10-11.			
	<u></u>		
12.	Date	Fund	Amount
13-15.			
PREPARED BY:	Kathy Kaiser, Budget	Analyst	
THE THE DT.	Name	/Title	Signature
PERSON SIGNING	CERTIFIES ALL INFORM	ATION PROVIDED IS TRUE & Co	ORRECT FOR THE PERIOD INDICATED.
REVIEWED BY:	Christine Vuletich. Ass	sistant County Manager/ CFO	
	Name	/Title	Signature

ENTI	ΓΥ:	Town of M	inden	QUARTE	R ENDING:	6/30/2015
				DATE P	REPARED:	8/12/2015
QUES	STION	S REGARD	ING ECONOMIC CONDITIO	NS		
	Yes	No	Since the last filing:			
1.		X	Has any employer that account reduced operations since the p		employment in the area closed or significantly ease provide details on page 2.	
2.		X	Has your entity experienced a cassessed valuation in the past		crease of 10% or more in population or provide details on page 2.	
3.		Х	Has there been any significant If yes, please provide details or		ch could affect your entity positively?	
4.		Х	Has there been any significant If yes, please provide details or	· · · =	ch could affect your entity negatively?	
5.		X	Has anything significant occurr		r expected level of revenues?	
QUE	STION	IS REGARE	ING OPERATIONS			
6.		X			perating) fund had an unexplained, unbudgeted, yes, please provide details on page 2.	
7.		Has the entity entered into any new debt arrangements since the previous report? If yes, please provide details on page 2.				
8.		X	Has the entity borrowed money If yes, please provide details or		ons?	
9.		X	Has the entity made an interfur If yes, please provide details or		nt operations?	
10.		Х			vernmental agencies for the benefits of its emploements)? If yes, please provide details on page 2.	oyees,
11.		Х	Has the entity failed to make tir		ervice, to vendors or others?	
12.	Х		Has the entity augmented the a		any proprietary fund since the previous report?	
13.			equivalents (unaudited) as of	quarter ending	6/30/2015	
	(Ent	erprise Fun	d(s) Only) <u>Prior Year</u>	Current Year		
			5,553,779	6,059,619		
14.	Gen	eral Fund E	nding Balance (unaudited) as <u>Prior Year</u>	of quarter ending Current Year	6/30/2015	
			453,823	793,261		
15.	Cas	h and cash	equivalents (unaudited) as of	guarter ending	6/30/2015	
•		neral Fund (Current Year		
			559,516	819,600		

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7.	Date	Туре		Amount	
8.	Date	Lender		Amount	
9. [Date From Fund	To Fund		Amount	
- -					
10-11					
12.	Date 6/30/2015	Fund # Fund Various		Amount	\$800,000
		Various			Ψ000,000
13-15					
PREPARED		dget Analyst Iame/Title		Signature	
PERSON SIG			TRUE & CORRECT FO	OR THE PERIOD INDICATED	
REVIEWED I	BY: Christine Vuletich	n, Assistant County Manager	-/ CFO	0:	
	Ŋ	lame/Title		Signature	

ENTI	TY:	Town of G	enoa	QUARTE	R ENDING:	6/30/2015
QUE	STION	S REGARD	ING ECONOMIC CONDITION		REPARED:	8/12/2015
	Yes	No	Since the last filing:			
1.		X	Has any employer that accounts reduced operations since the pr		employment in the area closed or si ease provide details on page 2.	gnificantly
2.		X	Has your entity experienced a c assessed valuation in the past t		crease of 10% or more in population provide details on page 2.	ı or
3.		X	Has there been any significant of larger lar		ch could affect your entity positively	?
4.		X	Has there been any significant of larger lar	` '	ch could affect your entity negatively	P.
5.		X	Has anything significant occurred lf yes, please provide details on		expected level of revenues?	
QUE	STION	IS REGARD	ING OPERATIONS			
6.		X			perating) fund had an unexplained, i yes, please provide details on page	=
7.		X Has the entity entered into any new debt arrangements since the previous report? If yes, please provide details on page 2.				
8.		X	Has the entity borrowed money If yes, please provide details on		ons?	
9.		X	Has the entity made an interfund If yes, please provide details on		nt operations?	
10.		X	4 ' ' '		vernmental agencies for the benefits)? If yes, please provide details on	•
11.		X	Has the entity failed to make tim		rvice, to vendors or others?	
12.		X	Has the entity augmented the a		any proprietary fund since the previ	ous report?
13.			equivalents (unaudited) as of o	quarter ending	:	
	(Ent	erprise Fund	d(s) Only) <u>Prior Year</u>	Current Year		
			n/a	n/a		
14.	Gen	eral Fund E	nding Balance (unaudited) as <u>Prior Year</u>	of quarter ending Current Year	6/30/2015	
			36,601	89,504		
15.		h and cash oneral Fund C	• *		6/30/2015	
			<u>Prior Year</u>	Current Year		
			180,476	207,075		

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7.	Date	Туре	Amount
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8.	Date	Lender	Amount
9. Date	From Fund	To Fund	Amount
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10-11.			
12.	Date	Fund	Amount
12.	Date	Fullu	Amount
40.45			
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PREPARED BY:	Kathy Kaiser, Budget	Analyst I	
	Name	e/Title	Signature
DEDOON CICNING	CEDTIEIES ALL INICODA	IATION DDOVIDED IS TOLIC S OF	ODDECT FOR THE REDICE INDICATES
FERSON SIGNING	CERTIFIES ALL INFURM	IATION PROVIDED IS TRUE & CO	ORRECT FOR THE PERIOD INDICATED.
REVIEWED BY:	Christine Vuletich, Ass	sistant County Manager/ CFO	Circum advisors
	Name	e/ i itie	Signature

ENTIT	Y :	Town of G	ardnerville	QUART	ER ENDING:	6/30/2015
					PREPARED:	8/12/2015
QUES	STION	S REGARD	ING ECONOMIC CO	ONDITIONS		
	Yes	No	Since the last filing:			
1.		X		t accounts for 15 % or more of th nce the previous report? If yes, p	e employment in the area closed or sig lease provide details on page 2.	nificantly
2.		X		enced a cumulative increase or d the past two years? If yes, pleas	lecrease of 10% or more in population of the provide details on page 2.	or
3.		X	Has there been any sign of the	- : :	hich could affect your entity positively?	
4.		X	Has there been any sign of the last there been any sign of the last the las	- :	hich could affect your entity negatively?	
5.		X	Has anything significal	nt occurred which could affect yo details on page 2.	our expected level of revenues?	
QUE	STION	IS REGARE	ING OPERATIONS			
6.		X			operating) fund had an unexplained, ur If yes, please provide details on page 2	=
7.		Х	Has the entity entered If yes, please provide of	into any new debt arrangements details on page 2.	since the previous report?	
8.		X	Has the entity borrowe	ed money to pay for current opera details on page 2.	ations?	
9.		X	Has the entity made a	n interfund loan(s) to pay for curr details on page 2.	ent operations?	
10.		Х			governmental agencies for the benefits es)? If yes, please provide details on pa	
11.		X	Has the entity failed to If yes, please provide	make timely payments for debt s details on page 2.	service, to vendors or others?	
12.		X	Has the entity augment	· · · · · · · · · · · · · · · · · · ·	or any proprietary fund since the previo	us report?
13.			•	d) as of quarter ending	6/30/2015	
	(Ent	erprise Fun	d(s) Only) <u>Prior Year</u>	<u>Current Year</u>		
			561,016	708,162	<u>-</u>	
14.	Gen	eral Fund E	nding Balance (unauc <u>Prior Year</u>	dited) as of quarter ending Current Year	6/30/2015	
			586,364	484,472	-	
15.	Cas	h and cash	equivalents (unaudited	d) as of quarter ending	6/30/2015	
	(Ger	neral Fund (Only) <u>Prior Year</u>	<u>Current Year</u>		
			630,413	488,002		

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7.		Date	Туре	Amo	unt
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12.		Date Fund # 6/30/2015	Fund 611	Amo	unt -
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PREPAF	RED RV:	Kathy Kaiser, Budget Analy	vet I		
INLEAD	\LD D1.	Name/Title	y3t 1	Signa	ture
PERSON	N SIGNING C	ERTIFIES ALL INFORMATIO	ON PROVIDED IS TRUE & COR	RECT FOR THE PERIOD II	NDICATED.
REVIEW	'ED BY:	Christine Vuletich, Assistar	nt County Manager/ CFO		
		Name/Title		Signa	ture

ENTI	TY:	East Fork Fire Protection District	QUARTE	R ENDING:	6/30/2015
QUE	STION	S REGARDING ECONOMIC CONDITION		REPARED:	8/12/2015
	Yes	No Since the last filing:			
1.		Has any employer that accounts reduced operations since the pro-		employment in the area closed o	ır significantly
2.		X Has your entity experienced a cuassessed valuation in the past to		crease of 10% or more in popula provide details on page 2.	tion or
3.		X Has there been any significant e		ch could affect your entity positiv	ely?
4.		X Has there been any significant e		ch could affect your entity negati	vely?
5.		X Has anything significant occurre If yes, please provide details on		expected level of revenues?	
QUE	STION	IS REGARDING OPERATIONS			
6.				perating) fund had an unexplaine yes, please provide details on pa	=
7.		X Has the entity entered into any n		ince the previous report?	
8.		X Has the entity borrowed money of the last the entity borrowed money of the last the last the last the last the entity borrowed money of the last	· ·	ons?	
9.		Has the entity made an interfund If yes, please provide details on		nt operations?	
10.		4		vernmental agencies for the ben)? If yes, please provide details	• •
11.		Has the entity failed to make tim If yes, please provide details on		rvice, to vendors or others?	
12.		Has the entity augmented the ap		any proprietary fund since the pr	revious report?
13.		h and cash equivalents (unaudited) as of q	uarter ending	:	
	(Ent	erprise Fund(s) Only) <u>Prior Year</u>	Current Year		
		n/a	n/a		
14.	Gen	eral Fund Ending Balance (unaudited) as on the Prior Year	of quarter ending Current Year	6/30/2015	
		1,756,590	1,925,436		
15.		h and cash equivalents (unaudited) as of q	uarter ending	6/30/2015	
	(Gei	neral Fund Only) <u>Prior Year</u>	Current Year		
		1,613,252	1,655,013		

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7.	Date	Туре	Amount
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8.	Date	Lender	Amount
9. Date	From Fund	To Fund	Amount
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12.	Date	Fund	Amount
12.	Date	Fullu	Amount
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PREPARED BY:	Kathy Kaiser, Budget	Analyst I	
	Name	e/Title	Signature
DEDOON CICNING	CEDTIEIES ALL INICODA	IATION DDOVIDED IS TOLIC S OF	ODDECT FOR THE REDICE INDICATES
FERSON SIGNING	CERTIFIES ALL INFURM	IATION PROVIDED IS TRUE & CO	ORRECT FOR THE PERIOD INDICATED.
REVIEWED BY:	Christine Vuletich, Ass	sistant County Manager/ CFO	Circum advisors
	Name	e/ i itie	Signature

ENTI	TY:	East Fork	Paramedic District	QUARTE	R ENDING:	6/30/2015		
QUES	STION	S REGARD	ING ECONOMIC CONDITION		PREPARED:	8/12/2015		
	Yes	No	Since the last filing:					
1.		X	Has any employer that accoun reduced operations since the p			-		
2.		X	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.		Х	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.		Х	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	IS REGARE	ING OPERATIONS					
6.		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.		X Has the entity entered into any new debt arrangements since the previous report? If yes, please provide details on page 2.						
8.		X	Has the entity borrowed money If yes, please provide details o	· · · ·	ions?			
9.		X	Has the entity made an interful If yes, please provide details o		nt operations?			
10.		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 th	e previous report?		
13.			equivalents (unaudited) as of	quarter ending	:			
	(Ent	terprise Fund	Prior Year	Current Year				
			n/a	n/a				
14.	Gen	eral Fund E	nding Balance (unaudited) as <u>Prior Year</u>	of quarter ending Current Year	6/30/2015			
			173,730	508,325				
15.	Cash and cash equivalents (unaudited) as of quarter ending6/30/2015 (General Fund Only)							
	(Ge	ncial Fullú (Prior Year	Current Year				
			242,118	435,508				

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7.	Date	Туре	Amount
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12.	Date	Fund	Amount
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PREPARED BY:	Kathy Kaiser, Budget	Analyst I	
	Name	/Title	Signature
DERSON SIGNING	CERTIFIES ALL INFORM	ATION PROVIDED IS TRUE & CO	ORRECT FOR THE PERIOD INDICATED.
I LIGON SIGNING	OLIVIII IES ALL INFORM	ATION FROVIDED IS TRUE & CO	ONNEOTI ON THE PERIOD INDICATED.
REVIEWED BY:	Christine Vuletich, Ass Name	sistant County Manager/ CFO	 Signature
	iname	7 I IIIC	Signature