

QUESTIONS REGARDING ECONOMIC CONDITIONS

- | Yes | No | Since the last filing: |
|-----------------------------|-------------------------------------|---|
| 1. <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has anything significant occurred which could affect your expected level of revenues? If yes, please provide details on page 2. |

QUESTIONS REGARDING OPERATIONS

- | | | |
|---|-------------------------------------|---|
| 6. <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity entered into any new debt arrangements since the previous report? If yes, please provide details on page 2. |
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| 12. <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the entity augmented the appropriated expenses for any proprietary fund since the previous report? If yes, please provide details on page 2. |

13. Cash and cash equivalents (unaudited) as of quarter ending _____ 9/30/2015
(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>10,207,752</u>	<u>11,220,736</u>

14. General Fund Ending Balance as of quarter ending _____ 9/30/2015

<u>Prior Year</u>	<u>Current Year</u>
<u>7,946,917</u>	<u>8,223,275</u>

15. Cash and cash equivalents (unaudited) as of quarter ending _____ 9/30/2015
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>12,144,695</u>	<u>11,603,884</u>

DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

1-6. _____

7.	Date	Type	Amount
			\$ -

8.	Date	Lender	Amount

9.	Date	From Fund	To Fund	Amount
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10-11. _____

12.	Date	Fund	Amount
	7/1/2015	Various	480,045

13-15. _____

PREPARED BY: Kathy Kaiser, Budget Analyst
 Name/Title

 Signature

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOR THE PERIOD INDICATED.

REVIEWED BY: Christine Vuletich, Assistant County Manager/ CFO
 Name/Title

 Signature

DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

1-6. _____

7.	Date	Type	Amount
	_____	_____	_____
	_____	_____	_____

8.	Date	Lender	Amount
	_____	_____	_____
	_____	_____	_____

9.	Date	From Fund	To Fund	Amount
	_____	_____	_____	_____
	_____	_____	_____	_____

10-11. _____

12.	Date	Fund	Amount
	_____	_____	_____
	_____	_____	_____

13-15. _____

PREPARED BY: Kathy Kaiser, Budget Analyst
 Name/Title

 Signature

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOR THE PERIOD INDICATED.

REVIEWED BY: Christine Vuletich, Assistant County Manager/ CFO
 Name/Title

 Signature

ENTITY: Town of Minden

QUARTER ENDING: 9/30/2015

DATE PREPARED: 10/20/2015

QUESTIONS REGARDING ECONOMIC CONDITIONS

- Yes No Since the last filing:
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5. Has anything significant occurred which could affect your expected level of revenues? If yes, please provide details on page 2.

QUESTIONS REGARDING 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.
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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. Has the entity augmented the appropriated expenses for any proprietary fund since the previous report? If yes, please provide details on page 2.

13. Cash and cash equivalents (unaudited) as of quarter ending 9/30/2015
(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>5,969,121</u>	<u>6,384,728</u>

14. General Fund Ending Balance (unaudited) as of quarter ending 9/30/2015

<u>Prior Year</u>	<u>Current Year</u>
<u>305,872</u>	<u>309,771</u>

15. Cash and cash equivalents (unaudited) as of quarter ending 9/30/2015
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>783,637</u>	<u>536,527</u>

DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

1-6. _____

7.	Date	Type	Amount
	_____	_____	_____
	_____	_____	_____

8.	Date	Lender	Amount
	_____	_____	_____
	_____	_____	_____

9.	Date	From Fund	To Fund	Amount
	_____	_____	_____	_____
	_____	_____	_____	_____

10-11. _____

12.	Date	Fund #	Fund	Amount
	7/1/2015		Various	1,176,553
	_____	_____	_____	_____

13-15. _____

PREPARED BY: Kathy Kaiser, Budget Analyst
 Name/Title

 Signature

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOR THE PERIOD INDICATED.

REVIEWED BY: Christine Vuletich, Assistant County Manager/ CFO
 Name/Title

 Signature

ENTITY: Town of Genoa

QUARTER ENDING: 9/30/2015

DATE PREPARED: 10/20/2015

QUESTIONS REGARDING ECONOMIC CONDITIONS

- | | Yes | No | Since the last filing: |
|----|--------------------------|-------------------------------------|---|
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QUESTIONS REGARDING OPERATIONS

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13. Cash and cash equivalents (unaudited) as of quarter ending _____ :
(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>n/a</u>	<u>n/a</u>

14. General Fund Ending Balance (unaudited) as of quarter ending 9/30/2015

<u>Prior Year</u>	<u>Current Year</u>
<u>257,238</u>	<u>268,670</u>

15. Cash and cash equivalents (unaudited) as of quarter ending 9/30/2015
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>255,657</u>	<u>318,029</u>

DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

1-6. _____

7.	Date	Type	Amount
	_____	_____	_____
	_____	_____	_____

8.	Date	Lender	Amount
	_____	_____	_____
	_____	_____	_____

9.	Date	From Fund	To Fund	Amount
	_____	_____	_____	_____
	_____	_____	_____	_____

10-11. _____

12.	Date	Fund	Amount
	_____	_____	_____
	_____	_____	_____

13-15. _____

PREPARED BY: Kathy Kaiser, Budget Analyst
 Name/Title

 Signature

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOR THE PERIOD INDICATED.

REVIEWED BY: Christine Vuletich, Assistant County Manager/ CFO
 Name/Title

 Signature

ENTITY: Town of Gardnerville

QUARTER ENDING: 9/30/2015

DATE PREPARED: 10/20/2015

QUESTIONS REGARDING ECONOMIC CONDITIONS

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QUESTIONS REGARDING OPERATIONS

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13. Cash and cash equivalents (unaudited) as of quarter ending 9/30/2015
(Enterprise Fund(s) Only)

	<u>Prior Year</u>	<u>Current Year</u>
	<u>611,338</u>	<u>763,472</u>

14. General Fund Ending Balance (unaudited) as of quarter ending 9/30/2015

	<u>Prior Year</u>	<u>Current Year</u>
	<u>276,238</u>	<u>361,541</u>

15. Cash and cash equivalents (unaudited) as of quarter ending 9/30/2015
(General Fund Only)

	<u>Prior Year</u>	<u>Current Year</u>
	<u>780,416</u>	<u>461,780</u>

DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

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	_____	_____	_____
	_____	_____	_____

8.	Date	Lender	Amount
	_____	_____	_____
	_____	_____	_____

9.	Date	From Fund	To Fund	Amount
	_____	_____	_____	_____
	_____	_____	_____	_____

10-11. _____

12.	Date	Fund #	Fund	Amount
	_____	_____	_____	_____
	_____	_____	_____	_____

13-15. _____

PREPARED BY: Kathy Kaiser, Budget Analyst
 Name/Title

 Signature

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOR THE PERIOD INDICATED.

REVIEWED BY: Christine Vuletich, Assistant County Manager/ CFO
 Name/Title

 Signature

ENTITY: East Fork Fire Protection District

QUARTER ENDING: 9/30/2015

DATE PREPARED: 10/20/2015

QUESTIONS REGARDING ECONOMIC CONDITIONS

- | | Yes | No | Since the last filing: |
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QUESTIONS REGARDING OPERATIONS

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13. Cash and cash equivalents (unaudited) as of quarter ending _____ :
(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>n/a</u>	<u>n/a</u>

14. General Fund Ending Balance (unaudited) as of quarter ending 9/30/2015

<u>Prior Year</u>	<u>Current Year</u>
<u>1,644,326</u>	<u>1,862,006</u>

15. Cash and cash equivalents (unaudited) as of quarter ending 9/30/2015
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>1,919,203</u>	<u>2,641,798</u>

DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

1-6. _____

7.	Date	Type	Amount
	_____	_____	_____
	_____	_____	_____

8.	Date	Lender	Amount
	_____	_____	_____
	_____	_____	_____

9.	Date	From Fund	To Fund	Amount
	_____	_____	_____	_____
	_____	_____	_____	_____

10-11. _____

12.	Date	Fund	Amount
	_____	_____	_____
	_____	_____	_____

13-15. _____

PREPARED BY: Kathy Kaiser, Budget Analyst
Name/Title

Signature

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOR THE PERIOD INDICATED.

REVIEWED BY: Christine Vuletich, Assistant County Manager/ CFO
Name/Title

Signature

ENTITY: East Fork Paramedic District

QUARTER ENDING: 9/30/2015

DATE PREPARED: 10/20/2015

QUESTIONS REGARDING ECONOMIC CONDITIONS

- | | Yes | No | Since the last filing: |
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(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>n/a</u>	<u>n/a</u>

14. General Fund Ending Balance (unaudited) as of quarter ending 9/30/2015
Prior Year Current Year

<u>637,482</u>	<u>771,342</u>
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15. Cash and cash equivalents (unaudited) as of quarter ending 9/30/2015
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>604,255</u>	<u>870,160</u>

DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

1-6. _____

7.	Date	Type	Amount
	_____	_____	_____
	_____	_____	_____

8.	Date	Lender	Amount
	_____	_____	_____
	_____	_____	_____

9.	Date	From Fund	To Fund	Amount
	_____	_____	_____	_____
	_____	_____	_____	_____

10-11. _____

12.	Date	Fund	Amount
	_____	_____	_____
	_____	_____	_____

13-15. _____

PREPARED BY: Marcie Schurke, Budget Analyst II
Name/Title

Signature

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOR THE PERIOD INDICATED.

REVIEWED BY: Christine Vuletich, Assistant County Manager/ CFO
Name/Title

Signature