ENTITY:		Douglas County QUARTER ENDING:		9/30/2015		
QUES	STION	IS REGARDI	NG ECONOMIC CONDITI	DATE PREPARED:		10/20/2015
	Yes	No No	Since the last filing:			
1.		Х		nts for 15 % or more of the em previous report? If yes, please		r significantly
2.		X		a cumulative increase or decreative two years? If yes, please pro		tion or
3.	Has there been any significant event(s) in the region which could affect your entity positively? If yes, please provide details on page 2.					ely?
4.		X	Has there been any significar If yes, please provide details	nt event(s) in the region which on page 2.	could affect your entity negative	/ely?
5.	Has anything significant occurred which could affect your expected level of revenues? If yes, please provide details on page 2.					
QUE	STION	NS REGARD	ING OPERATIONS			
6.		X	-	in your general (principal operate past two fiscal years? If yes	=:	
7.		Х	Has the entity entered into an If yes, please provide details	y new debt arrangements sinc on page 2.	e the previous report?	
8.		Х	Has the entity borrowed mone of the second o	ey to pay for current operations on page 2.	?	
9.		Х	Has the entity made an interful figure, please provide details	und loan(s) to pay for current o on page 2.	perations?	
10.		Х		nely any contributions to gover en's Comp or Federal taxes)?	=	
11.		X	Has the entity failed to make if yes, please provide details	timely payments for debt servio on page 2.	ce, to vendors or others?	
12.	Χ		Has the entity augmented the If yes, please provide details	appropriated expenses for an on page 2.	y proprietary fund since the pr	evious report?
13.		sh and cash e terprise Fund		of quarter ending	9/30/2015	
	(டா	terprise i uno	Prior Year	Current Year		
			10,207,752	11,220,736		
14.	Gen	neral Fund Er	nding Balance as of quarter <u>Prior Year</u>	ending Current Year	9/30/2015	
			7,946,917	8,223,275		
15.	Cas	sh and cash e	equivalents (unaudited) as c	of quarter ending	9/30/2015	

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11,603,884

Current Year

(General Fund Only)

<u>Prior Year</u>

12,144,695

1-6.						
7.		Date	Туре	Amount \$		
				Φ		
				-		
8.		Date	Lender	Amount		
9.	Date	From Fund	To Fund	Amount		
10-11.						
12.		Date	Fund	Amount	100.045	
		7/1/2015	Various		480,045	
13-15.						
PREPARED BY:		Kathy Kaiser, Budget A	nalyst Title	Signature		
PERSO	ON SIGNING O		ATION PROVIDED IS TRUE & CORF		ED.	
חבו יוב	WED DV:	Obviotino Malatiala Ass	Setent County Managery OFO			
REVIEWED BY:		Name/	istant County Manager/ CFO Title	Signature		

Rev. 9/02/05 - LGF Page 2

ENTIT	Y:	Douglas County Redevelopment Agency	QUARTE	R ENDING:	9/30/2015
QUES ⁻	TION	S REGARDING ECONOMIC CONDITION		REPARED:	10/20/2015
	Yes	No Since the last filing:			
1.		Has any employer that accounts to reduced operations since the pre-			
2.		Has your entity experienced a cur assessed valuation in the past tw			lation or
3.		X Has there been any significant ev	· ·	ch could affect your entity posit	ively?
4.		X Has there been any significant ev	· · ·	ch could affect your entity nega	itively?
5.		X Has anything significant occurred If yes, please provide details on p	•	r expected level of revenues?	
QUES	TION	IS REGARDING OPERATIONS			
6.		X Has the ending fund balance in your or unanticipated decline for the page.		· - · · · · · · · · · · · · · · · · · ·	-
7.		X Has the entity entered into any ne	=	since the previous report?	
8.		X Has the entity borrowed money to		ons?	
9.		X Has the entity made an interfund If yes, please provide details on p	. ,	nt operations?	
10.		X Has the entity failed to pay timely (for example, PERS, Workmen's	-	_	
11.		Has the entity failed to make time If yes, please provide details on p		ervice, to vendors or others?	
12.		Has the entity augmented the app If yes, please provide details on p		any proprietary fund since the	previous report?
13.		h and cash equivalents (unaudited) as of qu erprise Fund(s) Only) Prior Year	uarter ending Current Year	:	
		<u>r nor real</u> n/a	n/a		
14.	Gen	eral Fund Ending Balance (unaudited) as o <u>Prior Year</u>		9/30/2015	
		812,429	801,485		
15.	Cas	h and cash equivalents (unaudited) as of qu	uarter ending	9/30/2015	

Current Year

1,018,210

(General Fund Only)

Prior Year

1,052,266

1-6.			
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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

ENTIT	Y :	Town of Minden	QUARTER ENDING:	9/30/2015
QUES	STIONS	S REGARDING ECONON	DATE PREPARED:	10/20/2015
	Yes	No Since the las	t filing:	
1.			oyer that accounts for 15 % or more of the employment in the area closed or significantly tions since the previous report? If yes, please provide details on page 2.	
2.		d	experienced a cumulative increase or decrease of 10% or more in population or ation in the past two years? If yes, please provide details on page 2.	
3.			n any significant event(s) in the region which could affect your entity positively? provide details on page 2.	
4.			n any significant event(s) in the region which could affect your entity negatively? provide details on page 2.	
5.			significant occurred which could affect your expected level of revenues? provide details on page 2.	
QUE	STION	S REGARDING OPERAT	IONS	
6.		· —	g fund balance in your general (principal operating) fund had an unexplained, unbudgeted decline for the past two fiscal years? If yes, please provide details on page 2.	d,
7.		d d	entered into any new debt arrangements since the previous report? provide details on page 2.	
8.			borrowed money to pay for current operations? provide details on page 2.	
9.		· · · · · · · · · · · · · · · · ·	made an interfund loan(s) to pay for current operations? provide details on page 2.	
10.			failed to pay timely any contributions to governmental agencies for the benefits of its emp PERS, Workmen's Comp or Federal taxes)? If yes, please provide details on page 2.	oloyees,
11.		· ·	failed to make timely payments for debt service, to vendors or others? provide details on page 2.	
12.	Χ	4 1	augmented the appropriated expenses for any proprietary fund since the previous report' provide details on page 2.	?
13.		-	naudited) as of quarter ending 9/30/2015	
	(Enti	erprise Fund(s) Only) <u>Prior Year</u>	Current Year	
		5,969,12	6,384,728	
14.	Gen	eral Fund Ending Balance <u>Prior Year</u>	(unaudited) as of quarter ending 9/30/2015 Current Year	
		305,872	2309,771_	
15.		neral Fund Only)	naudited) as of quarter ending9/30/2015	
		<u>Prior Year</u> 783,637	Current Year 536,527	

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7.		Date	Туре	Δn	nount
7.		Date	туре		lount
•				<u> </u>	
8.		Date	Lender	An	nount
9.	Date	From Fund	To Fund	An	nount
10-11.					
_					
_					
12.		Date Fund #	Fund	An	nount
		7/1/2015	Various		1,176,553
40.45					_
13-15					
_					
_					
PREPAR	RED BY:	Kathy Kaiser, Budget Analy	/st		
		Name/Title		Sign	nature
PERSON	I SIGNING C	ERTIFIES ALL INFORMATIO	ON PROVIDED IS TRUE & COR	RRECT FOR THE PERIOD	INDICATED.
REVIEW	ED BY:	Christine Vuletich, Assistar Name/Title	nt County Manager/ CFO	Cia	nature
		name/ me		Sigi	iatul C

ENTI	TY:	Town of Genoa	QUARTER ENDING:	9/30/2015	
QUE	STION	S REGARDING ECONOMIC CO	DATE PREPARED:	10/20/2015	
	Yes	No Since the last filing	:		
1.			at accounts for 15 % or more of the employment in the area closed or significating the previous report? If yes, please provide details on page 2.	ntly	
2.	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 s	significant event(s) in the region which could affect your entity positively? details on page 2.		
4.		X Has there been any s If yes, please provide	significant event(s) in the region which could affect your entity negatively? details on page 2.		
5.		X Has anything signification of the second o	ant occurred which could affect your expected level of revenues? details on page 2.		
QUE	STION	IS REGARDING OPERATIONS			
6.		-1 I1	balance in your general (principal operating) fund had an unexplained, unbudg ine for the past two fiscal years? If yes, please provide details on page 2.	eted,	
7.		Has the entity entered	d into any new debt arrangements since the previous report? details on page 2.		
8.		Has the entity borrow If yes, please provide	red money to pay for current operations? details on page 2.		
9.		Has the entity made a	an interfund loan(s) to pay for current operations? details on page 2.		
10.		4 <u> </u>	o pay timely any contributions to governmental agencies for the benefits of its of Workmen's Comp or Federal taxes)? If yes, please provide details on page 2.		
11.		Has the entity failed to	o make timely payments for debt service, to vendors or others? details on page 2.		
12.		Has the entity augme	nted the appropriated expenses for any proprietary fund since the previous repeted details on page 2.	oort?	
13.		h and cash equivalents (unaudite erprise Fund(s) Only)	ed) as of quarter ending:		
	•	<u>Prior Year</u>	Current Year		
		n/a	n/a		
14.	Gen	eral Fund Ending Balance (unau <u>Prior Year</u>	dited) as of quarter ending 9/30/2015 Current Year		
		257,238	268,670		
15.		h and cash equivalents (unaudite neral Fund Only) Prior Year	ed) as of quarter ending <u>9/30/2015</u> <u>Current Year</u>		
		<u>255,657</u>	318,029_		

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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 Gardnerville	QUARTER ENDING: 9/30	0/2015
QUES	STION	S REGARDING ECONO)/2015
	Yes	No Since the la	st filing:	
1.			loyer that accounts for 15 % or more of the employment in the area closed or significantly ations since the previous report? If yes, please provide details on page 2.	
2.			ty experienced a cumulative increase or decrease of 10% or more in population or uation in the past two years? If yes, please provide details on page 2.	
3.			en any significant event(s) in the region which could affect your entity positively? provide details on page 2.	
4.			en any significant event(s) in the region which could affect your entity negatively? provide details on page 2.	
5.		· · ·	significant occurred which could affect your expected level of revenues? provide details on page 2.	
QUE	STION	IS REGARDING OPERA	TIONS	
6.			ng fund balance in your general (principal operating) fund had an unexplained, unbudgeted, led decline for the past two fiscal years? If yes, please provide details on page 2.	
7.		·	ventered into any new debt arrangements since the previous report? provide details on page 2.	
8.			provide details on page 2.	
9.		-	made an interfund loan(s) to pay for current operations? provide details on page 2.	
10.		<u> </u>	refailed to pay timely any contributions to governmental agencies for the benefits of its employees, PERS, Workmen's Comp or Federal taxes)? If yes, please provide details on page 2.	
11.		-	railed to make timely payments for debt service, to vendors or others?	
12.		4 —	augmented the appropriated expenses for any proprietary fund since the previous report? provide details on page 2.	
13.			naudited) as of quarter ending 9/30/2015	
	(Ent	erprise Fund(s) Only) <u>Prior Yea</u>	Current Year	
		611,3	<u>763,472</u>	
14.	Gen	eral Fund Ending Balanc <u>Prior Yea</u>	e (unaudited) as of quarter ending 9/30/2015 Current Year	
		276,2	361,541	
15.		neral Fund Only)	naudited) as of quarter ending9/30/2015	
		<u>Prior Yea</u> 780,4		

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7.		Date	Туре	Amount	
8.		Date	Lender	Amount	
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9.	Date	From Fund	To Fund	Amount	
0.	Date	1 Tom 1 und	TOTUNG	Allouit	
10.11					
10-11					
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12.		Date Fund #	Fund	Amount	
13-15.					
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	DED DV:	Kathy Kaisar Budget A1-	vot.		
FREPA	RED BY:	Kathy Kaiser, Budget Analy Name/Title	/SI	Signature	
		Hamo/ Huc		Oignaturo	
PERSO	N SIGNING C	ERTIFIES ALL INFORMATIO	N PROVIDED IS TRUE & CO	RRECT FOR THE PERIOD INDICATED.	
REVIEV	VED BY:	Christine Vuletich, Assistar	nt County Manager/ CFO		
V I _ V	55.	Name/Title	it county manager or o	Signature	

ENTI	TY:	East Fork Fire Protection District	QUARTER ENDING:	9/30/2015
QUES	STION	S REGARDING ECONOMIC CONDITION	DATE PREPARED:S	10/20/2015
	Yes	No Since the last filing:		
1.		4	for 15 % or more of the employment in the area closed or significativious report? If yes, please provide details on page 2.	antly
2.			mulative increase or decrease of 10% or more in population or vo years? If yes, please provide details on page 2.	
3.		X Has there been any significant e	vent(s) in the region which could affect your entity positively? page 2.	
4.		X Has there been any significant e	vent(s) in the region which could affect your entity negatively? page 2.	
5.		X Has anything significant occurred If yes, please provide details on	d which could affect your expected level of revenues? page 2.	
QUE	STION	S REGARDING OPERATIONS		
6.		-1 I1	rour general (principal operating) fund had an unexplained, unbud ast two fiscal years? If yes, please provide details on page 2.	geted,
7.		Has the entity entered into any n If yes, please provide details on	ew debt arrangements since the previous report? page 2.	
8.		X Has the entity borrowed money t		
9.		X Has the entity made an interfund If yes, please provide details on	loan(s) to pay for current operations? page 2.	
10.		4 -	any contributions to governmental agencies for the benefits of its Comp or Federal taxes)? If yes, please provide details on page 2	· ·
11.		X Has the entity failed to make time If yes, please provide details on	ely payments for debt service, to vendors or others? page 2.	
12.		Has the entity augmented the ap	propriated expenses for any proprietary fund since the previous re page 2.	port?
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 o <u>Prior Year</u>	of quarter ending 9/30/2015 Current Year	
		1,644,326	1,862,006	
15.		h and cash equivalents (unaudited) as of q	uarter ending 9/30/2015	
	(Ge	neral Fund Only) <u>Prior Year</u>	<u>Current Year</u>	
		1,919,203_	2,641,798	

1-6.			
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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	TY:	East Fork	Paramedic District	QUARTE	R ENDING:	9/30/2015		
QUES	STION	S REGARD	ING ECONOMIC CONDITION		PREPARED:	10/20/2015		
	Yes	No	Since the last filing:					
1.		X	Has any employer that accour reduced operations since the		· · ·	-		
2.		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	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	IS REGARD	OING 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 mone If yes, please provide details of		ions?			
9.		X	Has the entity made an interfund loan(s) to pay for current operations? If yes, please provide details on page 2.					
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 If yes, please provide details o		any proprietary fund since th	e previous report?		
13.			equivalents (unaudited) as of	f quarter ending	:			
	(Ent	terprise Fund	d(s) Only) <u>Prior Year</u>	Current Year				
			n/a	n/a				
14.	Gen	eral Fund E	nding Balance (unaudited) a <u>Prior Year</u>	s of quarter ending Current Year	9/30/2015			
			637,482	771,342				
15.	Cash and cash equivalents (unaudited) as of quarter ending9/30/2015							
	(Ge	neral Fund (Only) <u>Prior Year</u>	Current Year				
			604,255	870,160				

1-6 - -				
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7.		Date	Туре	Amount
8.		Date	Lender	Amount
9.	Date	From Fund	To Fund	Amount
10-11 - -				
12.		Date	Fund	Amount
13-15 -				
- - -				
PREPARED BY:		Marcie Schurke, Budg Name	get Analyst II /Title	Signature
PERSO	N SIGNING C	ERTIFIES ALL INFORM	ATION PROVIDED IS TRUE & CO	DRRECT FOR THE PERIOD INDICATED.
REVIEWED BY:		Christine Vuletich, Ass Name	sistant County Manager/ CFO /Title	Signature