ENTIT	Y:	Douglas Co	ounty	QUARTE	R ENDING:	12/31/2015
QUES.	TION	S REGARDI	NG ECONOMIC CONDITION		REPARED:	1/13/2016
	Yes	No	Since the last filing:			
1.		Х	Has any employer that accounts reduced operations since the pre		ployment in the area closed or significantly e provide details on page 2.	1
2.		Х	Has your entity experienced a cu		ase of 10% or more in population or ovide details on page 2.	
3.		X	Has there been any significant e If yes, please provide details on		could affect your entity positively?	
4.		X	Has there been any significant e If yes, please provide details on	· · · · -	could affect your entity negatively?	
5.		X	Has anything significant occurred If yes, please provide details on	-	spected level of revenues?	
QUES	OIT	IS REGARD	ING OPERATIONS			
6.		Х	_		ating) fund had an unexplained, unbudgete , please provide details on page 2.	ed,
7.		X	Has the entity entered into any n If yes, please provide details on		e the previous report?	
8.		X	Has the entity borrowed money t		5?	
9.		Х	Has the entity made an interfund If yes, please provide details on		perations?	
10.		X		-	nmental agencies for the benefits of its em If yes, please provide details on page 2.	ployees,
11.		Х	Has the entity failed to make tim If yes, please provide details on		ce, to vendors or others?	
12.		Х	Has the entity augmented the ap		y proprietary fund since the previous repor	1?
13.		h and cash e erprise Fund	()		12/31/2015	
			Prior Year	Current Year		
			9,405,893	10,418,409		
14.	Gen	eral Fund Er	nding Balance as of quarter er <u>Prior Year</u>	Current Year	12/31/2015	
			7,966,548	7,787,732		
15.		h and cash e neral Fund C	equivalents (unaudited) as of q only)	uarter ending	12/31/2015	

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12,562,448

Current Year

<u>Prior Year</u>

11,599,181

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7.		Date	Туре	Amount -
8.		Date	Lender	Amount
9.	Date	From Fund	To Fund	Amount
10-11 				
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12.		Date	Fund	Amount
13-15				
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_				
PRFPAF	RED BY:	Kathy Kaiser, Budget A	analyst	
		Name/	Title	Signature
PERSOI	N SIGNING (CERTIFIES ALL INFORMA	ATION PROVIDED IS TRUE & CORR	ECT FOR THE PERIOD INDICATED.
REVIEW	/ED BV:	Christina Vulatish Ass	stant County Managar/ CEO	
IVENIEN	ILU DI.	Name/	stant County Manager/ CFO Title	Signature

Rev. 9/02/05 - LGF Page 2

ENTI	TY:	Douglas C	County Redevelopment Agency	QUARTE	ER ENDING:	12/31/2015
QUE	NOITE	NS REGARD	ING ECONOMIC CONDITION		PREPARED:	1/13/2016
	Yes	s No	Since the last filing:			
1.		X	_		employment in the area closed or signific ease provide details on page 2.	antly
2.		X	Has your entity experienced a cu		ecrease of 10% or more in population or e provide details on page 2.	
3.		X	Has there been any significant e		ich could affect your entity positively?	
4.		X	Has there been any significant e		ich could affect your entity negatively?	
5.		X	Has anything significant occurred If yes, please provide details on	=	ir expected level of revenues?	
QUE	STIO	NS REGAR	DING OPERATIONS			
6.		X		- " '	operating) fund had an unexplained, unbud yes, please provide details on page 2.	geted,
7.		Х	Has the entity entered into any noting the state of the s	=	since the previous report?	
8.		Х	Has the entity borrowed money to		ions?	
9.		X	Has the entity made an interfund		ent operations?	
10.		X		-	overnmental agencies for the benefits of its s)? If yes, please provide details on page	
11.		X	Has the entity failed to make time		ervice, to vendors or others?	
12.		X	Has the entity augmented the ap		r any proprietary fund since the previous re	∍port?
13.			equivalents (unaudited) as of q	uarter ending	:	
	(Er	nterprise Fun	d(s) Only) <u>Prior Year</u>	Current Year		
			n/a	n/a		
14.	Ge	neral Fund E	Ending Balance (unaudited) as o <u>Prior Year</u>	of quarter ending <u>Current Year</u>	12/31/2015	
			1,314,587	1,283,927		
15.		sh and cash eneral Fund	equivalents (unaudited) as of q Onlv)	uarter ending	12/31/2015	
	(= -		Prior Year	Current Year		

1,500,874

1,554,425

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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 Mir	nden	QUARTE	ER ENDING:	12/31/2015
OUE	STION	e decadou	NC FCONOMIC CONDITION		PREPARED:	1/13/2016
QUES			NG ECONOMIC CONDITION	vo		
	Yes	No	Since the last filing:			
1.		Х	Has any employer that accounts reduced operations since the pro-		employment in the area closed or significantly ease provide details on page 2.	
2.		X	Has your entity experienced a coassessed valuation in the past to		ecrease of 10% or more in population or e provide details on page 2.	
3.		X	Has there been any significant e	· · ·	ich could affect your entity positively?	
4.		X	Has there been any significant e	` '	ich could affect your entity negatively?	
5.		X	Has anything significant occurre If yes, please provide details on		ur expected level of revenues?	
QUE	STION	NS REGARDI	ING OPERATIONS			
6.		X	=		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 of the state o		ions?	
9.		X	Has the entity made an interfund If yes, please provide details on		ent operations?	
10.		X	• • • •		overnmental agencies for the benefits of its employ s)? If yes, please provide details on page 2.	rees,
11.		X	Has the entity failed to make tim If yes, please provide details on		ervice, to vendors or others?	
12.		X	Has the entity augmented the ap		r any proprietary fund since the previous report?	
13.	Cas	h and cash e	quivalents (unaudited) as of c	quarter ending	12/31/2015	
	(Ent	terprise Fund	(s) Only) <u>Prior Year</u>	Current Year		
		-	6,048,408	6,305,765		
14.	Gen	neral Fund En	nding Balance (unaudited) as o	of quarter ending Current Year	12/31/2015	
		-	287,677	248,206		
15.			quivalents (unaudited) as of c	quarter ending	12/31/2015	
	(Gei	neral Fund O	nly) <u>Prior Year</u>	Current Year		
			770,192	481,014		

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7.		Date	Туре	Δn	nount
7.		Date	туре		lount
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8.		Date	Lender	An	nount
9.	Date	From Fund	To Fund	An	nount
10-11.					
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12.		Date Fund #	Fund	An	nount
		7/1/2015	Various		1,176,553
40.45					_
13-15					
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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:	12/31/2015	
QUE	STION	S REGARDING ECONOMIC CO	DATE PREPARED:	1/13/2016	
	Yes	No Since the last filing:			
1.		4	t accounts for 15 % or more of the employment in the area closed or significa nce 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 si	ignificant event(s) in the region which could affect your entity positively? details on page 2.		
4.		X Has there been any si	ignificant event(s) in the region which could affect your entity negatively? details on page 2.		
5.		X Has anything significa	ant occurred which could affect your expected level of revenues? details on page 2.		
QUE	STION	S REGARDING OPERATIONS			
6.		·	palance in your general (principal operating) fund had an unexplained, unbudg ne for the past two fiscal years? If yes, please provide details on page 2.	eted,	
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 borrowe	ed money to pay for current operations? details on page 2.		
9.		X Has the entity made a	n interfund loan(s) to pay for current operations? details on page 2.		
10.		<u> </u>	o pay timely any contributions to governmental agencies for the benefits of its 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 augment f yes, please provide	nted the appropriated expenses for any proprietary fund since the previous reputed the previo	oort?	
13.		n and cash equivalents (unaudite erprise Fund(s) Only)	d) as of quarter ending:		
		<u>Prior Year</u>	<u>Current Year</u>		
		n/a	n/a		
14.	Gen	eral Fund Ending Balance (unaud <u>Prior Year</u>	dited) as of quarter ending 12/31/2015 Current Year		
		143,825_	135,263		
15.		n and cash equivalents (unaudite neral Fund Only) Prior Yea <u>r</u>	d) as of quarter ending 12/31/2015 <u>Current Year</u>		
			244,720		

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7.	Date	Туре	Amount
8.	Date	Lender	Amount
9. Date	From Fund	To Fund	Amount
10-11.			
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	<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 G	ardnerville	QUARTER ENDING:	12/31/2015
				DATE PREPARED:	1/13/2016
QUES	STION	S REGARD	ING ECONOMIC CONDITI	ONS	
	Yes	No	Since the last filing:		
1.		Х		nts for 15 % or more of the employment in the previous report? If yes, please provide details	
2.		X		a cumulative increase or decrease of 10% or met two years? If yes, please provide details on	
3.		X	Has there been any significar If yes, please provide details	nt event(s) in the region which could affect you on page 2.	r entity positively?
4.		X	Has there been any significar If yes, please provide details	nt event(s) in the region which could affect you on page 2.	r entity negatively?
5.		X	Has anything significant occu	rred which could affect your expected level of on page 2.	revenues?
QUE	STION	IS REGARD	DING OPERATIONS		
6.		X	-	in your general (principal operating) fund had ne past two fiscal years? If yes, please provide	
7.		X	Has the entity entered into an If yes, please provide details	y new debt arrangements since the previous r on page 2.	eport?
8.		X	Has the entity borrowed mone of the state of	ey to pay for current operations? on page 2.	
9.		X	Has the entity made an interfoll If yes, please provide details	und loan(s) to pay for current operations? on page 2.	
10.		X		nely any contributions to governmental agencien's Comp or Federal taxes)? If yes, please pr	
11.		X	Has the entity failed to make If yes, please provide details	timely payments for debt service, to vendors o on page 2.	r others?
12.		Х	Has the entity augmented the If yes, please provide details	appropriated expenses for any proprietary fur on page 2.	nd since the previous report?
13.	Cas	h and cash	equivalents (unaudited) as c	f quarter ending 12/31/2015	
	(Ent	erprise Fund	d(s) Only) <u>Prior Year</u>	Current Year	
			623,427	788,032	
14.	Gen	eral Fund F	nding Balance (unaudited) a	us of quarter ending 12/31/2015	
	00	orar r arra E	Prior Year	Current Year	
			247,556	510,827	
15.			equivalents (unaudited) as c	f quarter ending 12/31/2015	
	(Ger	neral Fund (Only) <u>Prior Year</u>	<u>Current Year</u>	
			750,165	612,045	

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7.		Date	Туре	Amount	
8.		Date	Lender	Amount	
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9.	Date	From Fund	To Fund	Amount	
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12.		Date Fund #	Fund	Amount	
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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	ΓΥ:	East Fork Fire Protection District	QUARTER ENDING:	12/31/2015
QUES	STION	S REGARDING ECONOMIC CONDITION	DATE PREPARED:	1/13/2016
	Yes	No Since the last filing:		
1.			for 15 % or more of the employment in the area closed or significant evious report? If yes, please provide details on page 2.	ly
2.			imulative increase or decrease of 10% or more in population or wo years? If yes, please provide details on page 2.	
3.		X Has there been any significant e If yes, please provide details on	vent(s) in the region which could affect your entity positively? page 2.	
4.		X Has there been any significant e If yes, please provide details on	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	IS REGARDING OPERATIONS		
6.			our general (principal operating) fund had an unexplained, unbudge past two fiscal years? If yes, please provide details on page 2.	led,
7.		Has the entity entered into any n If yes, please provide details on	ew debt arrangements since the previous report? page 2.	
8.		Has the entity borrowed money t		
9.		Has the entity made an interfund	loan(s) to pay for current operations? page 2.	
10.		<u> </u>	y any contributions to governmental agencies for the benefits of its er Comp or Federal taxes)? If yes, please provide details on page 2.	nployees,
11.		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 repopage 2.	rt?
13.		h and cash equivalents (unaudited) as of q erprise Fund(s) Only)	uarter ending:	
	•	<u>Prior Year</u>	Current Year	
		n/a	n/a	
14.	Ger	eral Fund Ending Balance (unaudited) as o <u>Prior Year</u>	of quarter ending12/31/2015 Current Year	
		1,954,959	1,692,280	
15.		h and cash equivalents (unaudited) as of q neral Fund Only)		
		<u>Prior Year</u>	<u>Current Year</u>	
		2,169,835_	2,561,796_	

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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	ER ENDING:	12/31/2015			
QUES	STION	S REGARD	ING ECONOMIC CONDITION		PREPARED:	1/13/2016			
	Yes	. No	Since the last filing:						
1.		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.		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.		Х	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	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.							
7.		Х	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		or any proprietary fund since th	ne previous report?			
13.			equivalents (unaudited) as of	quarter ending	:				
	(En	terprise Fun	d(s) Only) <u>Prior Year</u>	Current Year					
			n/a	n/a					
14.	Ger	neral Fund E	nding Balance (unaudited) as <u>Prior Year</u>	s of quarter ending Current Year	12/31/2015				
			637,482	771,342					
15.	Cash and cas (General Fund		equivalents (unaudited) as of Onlv)	quarter ending	12/31/2015				
	(33	and	Prior Year	Current Year					
			604,255	870,160					

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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