ENTI	TY:	Douglas County	QUARTER ENDING:	6/30/2016
QUES	STION	S REGARDING ECONOMIC CO	DATE PREPARED:	8/9/2016
	Yes	No Since the last filing:	:	
1.			at accounts for 15 % or more of the employment in the area closed or significantly ince the previous report? If yes, please provide details on page 2.	
2.			ienced 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	ignificant 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	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	IS REGARDING OPERATIONS		
6.		-	palance 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.	Χ	Has the entity entered	d into any new debt arrangements since the previous report? details on page 2.	
8.		X Has the entity borrower 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	an interfund loan(s) to pay for current operations? details on page 2.	
10.		-1 I1	o pay timely any contributions to governmental agencies for the benefits of its employe Workmen's Comp or Federal taxes)? If yes, please provide details on page 2.	es,
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 augment If yes, please provide	nted the appropriated expenses for any proprietary fund since the previous report? details on page 2.	
13.		h and cash equivalents (unaudite erprise Fund(s) Only) <u>Prior Year</u>	ed) as of quarter ending 6/30/2016 <u>Current Year</u>	
		10,570,246	13,969,384	
14.	Gen	eral Fund Ending Balance as of o	quarter ending 6/30/2016 <u>Current Year</u>	
		10,402,423	9,098,442	
15.		h and cash equivalents (unaudite neral Fund Only) <u>Prior Year</u>	ed) as of quarter ending 6/30/2016 <u>Current Year</u>	

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10,385,750

9,552,457

1-6. <u>(</u>	General Oblig	ation Sewer Bond from the	e State Revolving Loan Fund. Maximu	m amount is \$5,550,000.	
- - -					
7.		Date	Туре	Amount	
7.			Турс	\$	-
8.		Date	Lender	Amount	
9.	Date	From Fund	To Fund	Amount	
10-11 _					
_ _ _					
_					
12.		Date 6/16/2016	Fund Various	Amount	2,527,387
13-15					
- - -					
_					
PREPA	RED BY:	Kathy Kaiser, Budget <i>A</i>	Analyst		
		Name/	Title	Signature	
PERSO	N SIGNING (JERTIFIES ALL INFORM	ATION PROVIDED IS TRUE & CORF	RECT FOR THE PERIOD INDICAT	ED.
REVIEV	VED BY:	Christine Vuletich, Ass Name/	istant County Manager/ CFO Title	Signature	

Rev. 9/02/05 - LGF Page 2

ENTI	TY:	Douglas C	county Redevelopment Agency	QUARTE	R ENDING:	6/30/2016
QUE	MOITE	NS REGARD	ING ECONOMIC CONDITION		REPARED:	8/9/2016
~~-						
	Yes	s No	Since the last filing:			
1.		Х	Has any employer that accounts reduced operations since the pre		employment in the area closed or significase provide details on page 2.	cantly
2.		Х	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.		Х	Has there been any significant en If yes, please provide details on I		ch could affect your entity positively?	
4.		X	Has there been any significant en		ch could affect your entity negatively?	
5.		X	Has anything significant occurred If yes, please provide details on p		r expected level of revenues?	
QUE	STIO	NS REGARI	DING OPERATIONS			
6.		X	_		perating) fund had an unexplained, unbu yes, please provide details on page 2.	dgeted,
7.		X	Has the entity entered into any notice of the last the entity entered into any notice details on particular than the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last the entity entered into any notice of the last		ince 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		-	vernmental agencies for the benefits of i	
11.		X	Has the entity failed to make time If yes, please provide details on p		ervice, to vendors or others?	
12.		X	Has the entity augmented the ap		any proprietary fund since the previous	report?
13.	Cas	sh and cash	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 c <u>Prior Year</u>	of quarter ending Current Year	6/30/2016	
			236,634	280,143		
15.			equivalents (unaudited) as of q	uarter ending	6/30/2016	
	(Ge	eneral Fund	Only) <u>Prior Year</u>	Current Year		

279,892

241,050

1-6.			
-			
-			
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 Mi	nden	QUARTE	R ENDING:	6/30/2016
					REPARED:	8/9/2016
QUES	TION	S REGARDI	NG ECONOMIC CONDITION	NS		
	Yes	No	Since the last filing:			
1.		Х	Has any employer that accounts reduced operations since the pr		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		crease of 10% or more in population or provide details on page 2.	
3.		X	Has there been any significant ϵ If yes, please provide details on	· · ·	ch could affect your entity positively?	
4.		X	Has there been any significant ϵ If yes, please provide details on	· · · =	ch could affect your entity negatively?	
5.		X	Has anything significant occurre		r expected level of revenues?	
QUES	STION	IS REGARD	NG OPERATIONS			
6.		X	-		perating) fund had an unexplained, unbudgeted, yes, please provide details on page 2.	
7.		Х	Has the entity entered into any r	=	ince the previous report?	
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			vernmental agencies for the benefits of its employor? If yes, please provide details on page 2.	ees,
11.		X	Has the entity failed to make tim	• • •	ervice, to vendors or others?	
12.	Χ		Has the entity augmented the ap		any proprietary fund since the previous report?	
13.			quivalents (unaudited) as of c	quarter ending	6/30/2016	
	(Ent	erprise Fund	(s) Only) <u>Prior Year</u>	Current Year		
			6,059,619	6,333,608		
14.	Gen	eral Fund Er	ding Balance (unaudited) as <u>Prior Year</u>	of quarter ending Current Year	6/30/2016	
			793,261	738,049		
15.			quivalents (unaudited) as of c	quarter ending	6/30/2016	
	(Ger	neral Fund O	nly) <u>Prior Year</u>	Current Year		
			819,600	818,369		

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7.		Date	Туре	А	mount
				-	
8.		Date	Lender	А	mount
9.	Date	From Fund	To Fund	A	mount
40.44					
10-11					
_					
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-					
12.		Date Fund #	Fund	А	mount
		5/24/2016	Various		1,100,000
13-15					
-					
_					
PREPA	RED BY:	Kathy Kaiser, Budget Analy	/st		
		Name/Title			gnature
PERSO	N SIGNING C	ERTIFIES ALL INFORMATIO	ON PROVIDED IS TRUE & COI	RRECT FOR THE PERIO	D INDICATED.
ם ביי	NED DV:	Chainting Mulatials Assistan	at County Managery OFO		
KEVIEV	VED BY:	Christine Vuletich, Assistar Name/Title	it County Manager/ CFO	Siç	gnature

ENTIT	ΓΥ:	Town of G	enoa	QUARTE	R ENDING:	6/30/2016
QUES	STION	S REGARD	ING ECONOMIC CONDITION		REPARED:	8/9/2016
	Yes	No	Since the last filing:			
1.		X	Has any employer that accounts reduced operations since the pr		employment in the area closed or significantly ease provide details on page 2.	
2.		X	Has your entity experienced a c assessed valuation in the past t		crease of 10% or more in population or provide details on page 2.	
3.		X	Has there been any significant of large la	· · · =	ch could affect your entity positively?	
4.		X	Has there been any significant of lf yes, please provide details on	. ,	ch could affect your entity negatively?	
5.		X	Has anything significant occurre If yes, please provide details on	=	r expected level of revenues?	
QUE	STION	IS REGARD	ING OPERATIONS			
6.		X			perating) fund had an unexplained, unbudgeted, yes, please provide details on page 2.	
7.		X	Has the entity entered into any If yes, please provide details on		ince the previous report?	
8.		X	Has the entity borrowed money If yes, please provide details on		ons?	
9.		X	Has the entity made an interfun- If yes, please provide details on		nt operations?	
10.		X			vernmental agencies for the benefits of its employ)? If yes, please provide details on page 2.	ees,
11.		X	Has the entity failed to make tim	• • •	ervice, to vendors or others?	
12.		X	Has the entity augmented the a		any proprietary fund since the previous 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	6/30/2016	
			89,504	121,569		
15.			equivalents (unaudited) as of o	quarter ending	6/30/2016	
	(Ge	neral Fund (Only) <u>Prior Year</u>	Current Year		
			207,075	253,593		

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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:	Town of Gardnerville	QUARTER ENDING:	6/30/2016
QUE	STION	S REGARDING ECONOMIC (DATE PREPARED:CONDITIONS	8/9/2016
	Yes	No Since the last filin	ng:	
1.		 	that accounts for 15 % or more of the employment in the area closed or significantly since the previous report? If yes, please provide details on page 2.	
2.			erienced a cumulative increase or decrease of 10% or more in population or in the past two years? If yes, please provide details on page 2.	
3.			v significant event(s) in the region which could affect your entity positively? de details on page 2.	
4.			v significant event(s) in the region which could affect your entity negatively? de details on page 2.	
5.			icant occurred which could affect your expected level of revenues? de details on page 2.	
QUE	STION	IS REGARDING OPERATIONS	s	
6.			d balance in your general (principal operating) fund had an unexplained, unbudgeted, cline for the past two fiscal years? If yes, please provide details on page 2.	
7.		d	red into any new debt arrangements since the previous report? de details on page 2.	
8.			owed money to pay for current operations? de details on page 2.	
9.		d	e an interfund loan(s) to pay for current operations? de details on page 2.	
10.			d to pay timely any contributions to governmental agencies for the benefits of its employes, Workmen's Comp or Federal taxes)? If yes, please provide details on page 2.	ees,
11.		·	d to make timely payments for debt service, to vendors or others? de details on page 2.	
12.		 	nented the appropriated expenses for any proprietary fund since the previous report? de details on page 2.	
13.		h and cash equivalents (unaudi	ited) as of quarter ending 6/30/2016	
	(Ent	erprise Fund(s) Only) <u>Prior Year</u>	Current Year	
		708,162	828,210	
14.	Gen	eral Fund Ending Balance (una <u>Prior Year</u>	audited) as of quarter ending 6/30/2016 Current Year	
		484,472	603,939_	
15.		h and cash equivalents (unaudi neral Fund Only) <u>Prior Year</u>	ited) as of quarter ending6/30/2016_ <u>Current Year</u>	
		<u>- 488,002</u>	627,530_	

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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 A	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	QUART	ER ENDING:	6/30/2016
QUE	STION	S REGARDING ECONOMIC CONDITION		PREPARED:	8/9/2016
	Yes	No Since the last filing:			
1.		Has any employer that accounts reduced operations since the pre		e employment in the area closed lease provide details on page 2.	or significantly
2.		Has your entity experienced a cu assessed valuation in the past tw		ecrease of 10% or more in populate provide details on page 2.	ation or
3.		Has there been any significant en		nich could affect your entity positi	vely?
4.		Has there been any significant en	• • •	nich could affect your entity negat	ively?
5.		X Has anything significant occurred If yes, please provide details on p		ur expected level of revenues?	
QUE	STION	IS REGARDING OPERATIONS			
6.		Has the ending fund balance in y or unanticipated decline for the p		operating) fund had an unexplain f yes, please provide details on p	_
7.		Has the entity entered into any noting of the last the entity entered into any noting the entered into any noting the entity entered into any noting the entered into any noting the entity entered into any noting the entered		since the previous report?	
8.		Has the entity borrowed money to		tions?	
9.		Has the entity made an interfund If yes, please provide details on		ent operations?	
10.		-1 1	-	overnmental agencies for the bers)? If yes, please provide details	
11.		Has the entity failed to make time If yes, please provide details on		service, to vendors or others?	
12.		Has the entity augmented the ap		or any proprietary fund since the p	previous report?
13.		h and cash equivalents (unaudited) as of querprise Fund(s) Only) <u>Prior Year</u>	uarter ending Current Year	:	
		n/a	n/a		
14.	Ger	eral Fund Ending Balance (unaudited) as c <u>Prior Year</u>	of quarter ending Current Year	6/30/2016	
		1,925,436_	1,824,855		
15.		h and cash equivalents (unaudited) as of queral Fund Only)		6/30/2016	
		<u>Prior Year</u> 1 655 013	Current Year 3 277 878		

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	QUARTER	R ENDING:	6/30/2016			
DATE PREPARED: 8/9/2016 QUESTIONS REGARDING ECONOMIC CONDITIONS									
	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.		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	Has anything significant occurred which could affect your expected level of revenues? If yes, please provide details on page 2.						
QUESTIONS REGARDING OPERATIONS									
6.		X	-1		erating) fund had an unexplained, unbudgeted, es, 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 to pay for current operations? If yes, please provide details on page 2.						
9.		X	X 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 ap		any proprietary fund since the previous report?				
13. Cash and cash equivalents (unaudited) as of quarter ending:									
	(Ent	terprise Fun	d(s) Only) <u>Prior Year</u>	Current Year					
			n/a	n/a					
14. General Fund Ending Balance (unaudited) as of quarter ending 6/30/2016 Prior Year Current Year									
			637,482	771,342					
15.	Cash and cash equivalents (unaudited) as of quarter ending6/30/2016								
	(Ge	neral Fund (Only) <u>Prior Year</u>	Current Year					
			604,255	870,160					

1-6 - -				
- - -				
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