ENTI	ΓΥ:	Douglas Co	ounty	QUARTE	R ENDING:	9/30/2016
QUES	STION	S REGARDI	ING ECONOMIC CONDITION		REPARED:	10/17/2016
	Yes	. No	Since the last filing:			
1.		X	Has any employer that accounts reduced operations since the pre		ployment in the area closed or significantly e provide details on page 2.	
2.		X	Has your entity experienced a cu		ase of 10% or more in population or ovide details on page 2.	
3.		Х	Has there been any significant e If yes, please provide details on		could affect your entity positively?	
4.		Х	Has there been any significant e If yes, please provide details on	` '	could affect your entity negatively?	
5.		Х	Has anything significant occurred lf yes, please provide details on		pected level of revenues?	
QUE	STIO	NS REGARD	ING OPERATIONS			
6.		Х			ating) fund had an unexplained, unbudgeted, please provide details on page 2.	
7.		Х	Has the entity entered into any n If yes, please provide details on	=	e the previous report?	
8.		Х	Has the entity borrowed money t		?	
9.		Х	Has the entity made an interfund If yes, please provide details on	. ,	perations?	
10.		Х		•	nmental agencies for the benefits of its emplo If yes, please provide details on page 2.	oyees,
11.		Х	Has the entity failed to make time If yes, please provide details on		ce, to vendors or others?	
12.		X	Has the entity augmented the ap		y proprietary fund since the previous report?	
13.		h and cash e terprise Fund	equivalents (unaudited) as of q d(s) Only) <u>Prior Year</u>	uarter ending Current Year	9/30/2016	
			11,220,736	14,701,293		
14.	Ger	neral Fund Ei	nding Balance as of quarter en <u>Prior Year</u>		9/30/2016	
			8,223,275	8,281,292		
15.		h and cash e neral Fund C	equivalents (unaudited) as of q Only)	uarter ending	9/30/2016	
			Prior Year	Current Year		

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13,342,698

11,603,884

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.					
PREPA	ARED BY:	Kathy Kaiser, Budget A Name/	nalyst Title	Signature	
PERSO	ON SIGNING (CERTIFIES ALL INFORMA	ATION PROVIDED IS TRUE & CORR	ECT FOR THE PERIOD INDICATED.	
REVIE	WED BY:	Vicki Moore, Interim Ch		Signature	

Rev. 9/02/05 - LGF Page 2

ENTI	TY:	Douglas County Redevelopment Age	ncy QUARTE	ER ENDING:	9/30/2016
OUE	RTION	S REGARDING ECONOMIC CONDIT		PREPARED:	10/17/2016
QUE	STION	S REGARDING ECONOMIC CONDIT	IONS		
	Yes	No Since the last filing:			
1.		<u> </u>		employment in the area closed ease provide details on page 2.	•
2.		X Has your entity experienced assessed valuation in the pa		ecrease of 10% or more in popu e provide details on page 2.	ılation or
3.		X Has there been any signification of the second of the se	· · · =	ich could affect your entity posi	tively?
4.		Has there been any significal lf yes, please provide details	· · · =	ich could affect your entity nega	atively?
5.		Has anything significant occ If yes, please provide details		ur expected level of revenues?	
QUE	STIO	NS REGARDING OPERATIONS			
6.				operating) fund had an unexplai yes, please provide details on	
7.		X Has the entity entered into a lf yes, please provide details		since the previous report?	
8.		X Has the entity borrowed mon		ions?	
9.		Has the entity made an inter		ent operations?	
10.				overnmental agencies for the be s)? If yes, please provide detail	
11.		Has the entity failed to make If yes, please provide details		ervice, to vendors or others?	
12.		Has the entity augmented th		r any proprietary fund since the	previous report?
13.	Cas	h and cash equivalents (unaudited) as	of quarter ending	:	
		erprise Fund(s) Only) <u>Prior Year</u>	Current Year		
		n/a	n/a		
14.	Ger	neral Fund Ending Balance (unaudited) <u>Prior Year</u>	as of quarter ending <u>Current Year</u>	9/30/2016	
		801,485	969,907		
15.		h and cash equivalents (unaudited) as neral Fund Only)	of quarter ending	9/30/2016	
	`	Prior Year	Current Year		

1,225,872

1,018,210

1-6.			
7.	Date	Туре	Amount
8.	Date	Lender	Amount
9. Date	From Fund	To Fund	Amount
0-11			
12.	Date	Fund	Amount
	Date	T unu	Allount
3-15			
REPARED BY:	Kathy Kaiser, Budget A Name/	Title	Signature
ERSON SIGNIN	NG CERTIFIES ALL INFORMA	ATION PROVIDED IS TRUE & CO	ORRECT FOR THE PERIOD INDICATED.
EVIEWED BY:	Vicki Moore, Interim C Name/	hief Financial Officer Title	Signature

ENTI	TY:	Redevelop	oment Agency Area 2	QUARTE	R ENDING:	9/30/2016
0115					PREPARED:	10/17/2016
QUE			ING ECONOMIC CONDITIO	NS		
	Yes	s 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.		х	Has anything significant occurr If yes, please provide details or		r expected level of revenues?	
QUE	STIO	NS REGARI	DING OPERATIONS			
6.		Х			perating) fund had an unexplained, unbudgeted yes, please provide details on page 2.	i,
7.		X	Has the entity entered into any If yes, please provide details or	=	since the previous report?	
8.		X	Has the entity borrowed money If yes, please provide details or	· ·	ions?	
9.		Х	Has the entity made an interfur If yes, please provide details or		nt operations?	
10.		Х			overnmental agencies for the benefits of its emp	loyees,
11.		X	Has the entity failed to make tir		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	quarter ending	:	
	(En	terprise Fun	d(s) Only) <u>Prior Year</u>	Current Year		
			n/a	n/a		
14.	Ger	neral Fund E	inding Balance (unaudited) as <u>Prior Year</u>	of quarter ending Current Year	9/30/2016	
			n/a	51,059		
15.			equivalents (unaudited) as of	quarter ending	9/30/2016	
	(Ge	neral Fund (Only) <u>Prior Year</u>	Current Year		
			n/a	46,741		

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:	Kathy Kaiser, Budget	Analyst	
	Name		Signature
PERSON SIGNING	CERTIFIES ALL INFORM	ATION PROVIDED IS TRUE & CO	ORRECT FOR THE PERIOD INDICATED.
. LACCIT CICITING	OLIVIII ILO ALL IIVI ONIVI	A TOTAL ROTIDED TO TRUE & O	Oldina in the Lines indicates.
REVIEWED BY:	Vicki Moore, Interin C	hief Financial Officer	
	Name	/ I ITIE	Signature

ENTI	ΓΥ:	Town of Minden		QUARTE	R ENDING:	9/30/2016
OUE	TION	0 DE04BBINO - E	CONOMIO CONDITION		REPARED:	10/17/2016
QUES	SHON	S REGARDING E	ECONOMIC CONDITION	iS		
	Yes	No Since	e the last filing:			
1.					employment in the area closed or significantly ase provide details on page 2.	
2.			our entity experienced a cussed valuation in the past tw		crease of 10% or more in population or provide details on page 2.	
3.			here been any significant e , please provide details on	· · · =	ch could affect your entity positively?	
4.			here been any significant e , please provide details on		ch could affect your entity negatively?	
5.			anything significant occurred , please provide details on		expected level of revenues?	
QUE	STION	IS REGARDING C	PERATIONS			
6.					perating) fund had an unexplained, unbudgeted, yes, please provide details on page 2.	
7.		-	he entity entered into any n , please provide details on	=	ince the previous report?	
8.		-	he entity borrowed money t , please provide details on		ons?	
9.		-	he entity made an interfund , please provide details on		nt operations?	
10.					vernmental agencies for the benefits of its employ ? If yes, please provide details on page 2.	/ees,
11.			he entity failed to make time , please provide details on		rvice, to vendors or others?	
12.		4 1——	he entity augmented the ap , please provide details on		any proprietary fund since the previous report?	
13.		•	lents (unaudited) as of q	uarter ending	9/30/2016	
	(Ent	erprise Fund(s) Oı <u>Pri</u>	nly) <u>or Year</u>	Current Year		
		6	5,384,728	6,642,363		
14.	Gen	-	Balance (unaudited) as o or Year	of quarter ending Current Year	9/30/2016	
			309,771	94,986		
15.	Cas	h and cash equiva	lents (unaudited) as of q	uarter ending	9/30/2016	
		neral Fund Only)	or Year	Current Year		
			536,527	797,426		

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7.	Date	Туре	Amount
8.	Date	Lender	Amount
0.	Date	Ecridor	Amount
9.	Date From Fund	To Fund	Amount
э	Date 1101111 und	101 ullu	Amount
10-11			
-			
12.	Date Fund #	Fund	Amount
10 15			
13-15			
PREPARED E			
	Name/Title	9	Signature
PERSON SIG	NING CERTIFIES ALL INFORMATION	ON PROVIDED IS TRUE & CO	RRECT FOR THE PERIOD INDICATED.
REVIEWED E		Financial Officer	Olement in a
	Name/Title	9	Signature

ENTI	TY:	Town of G	enoa	QUARTE	R ENDING:	9/30/2016
QUES	STION	S REGARD	ING ECONOMIC CONDITION		REPARED:	10/17/2016
	Yes	No	Since the last filing:			
1.		X	Has any employer that accounts reduced operations since the pro-		employment in the area closed or significantly ase provide details on page 2.	
2.		X	Has your entity experienced a co		crease of 10% or more in population or provide details on page 2.	
3.		X	Has there been any significant e If yes, please provide details on		ch could affect your entity positively?	
4.		X	Has there been any significant e	` ,	ch could affect your entity negatively?	
5.		X	Has anything significant occurre If yes, please provide details on		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 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.		Х			vernmental agencies for the benefits of its employ of the lease provide details on page 2.	ees,
11.		X	Has the entity failed to make tim	• • •	rvice, to vendors or others?	
12.		X	Has the entity augmented the ap		any proprietary fund since the previous report?	
13.			equivalents (unaudited) as of c	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) as <u>Prior Year</u>	of quarter ending Current Year	9/30/2016	
			268,670	145,471		
15.		h and cash oneral Fund (equivalents (unaudited) as of c	quarter ending	9/30/2016	
	(Ge	nciai Fullu (Prior Year	Current Year		
			318,029	430,440		

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7.	Date	Туре	Amount
8.	Date	Lender	Amount
9. Date	From Fund	To Fund	Amount
0-11			
12.	Date	Fund	Amount
	Date	T unu	Allount
3-15			
REPARED BY:	Kathy Kaiser, Budget A Name/	Title	Signature
ERSON SIGNIN	NG CERTIFIES ALL INFORMA	ATION PROVIDED IS TRUE & CO	ORRECT FOR THE PERIOD INDICATED.
EVIEWED BY:	Vicki Moore, Interim C Name/	hief Financial Officer Title	Signature

ENTI	TY:	Town of Gardnerville	QUARTER ENDING:	9/30/2016
QUE	STION	S REGARDING ECONOMIC CO	DATE PREPARED:	10/17/2016
	Yes	No Since the last filing:		
1.		d	accounts for 15 % or more of the employment in the area closed or significance the previous report? If yes, please provide details on page 2.	antly
2.		- I	enced 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.		Has there been any sign of the second of the	gnificant event(s) in the region which could affect your entity positively? details on page 2.	
4.		Has there been any sign of the second of the	gnificant event(s) in the region which could affect your entity negatively? details on page 2.	
5.		Has anything significat	nt occurred which could affect your expected level of revenues? details on page 2.	
QUE	STION	IS REGARDING OPERATIONS		
6.			alance in your general (principal operating) fund had an unexplained, unbud se for the past two fiscal years? If yes, please provide details on page 2.	geted,
7.		Has the entity entered If yes, please provide of	into any new debt arrangements since the previous report? details on page 2.	
8.		Has the entity borrowe	d money to pay for current operations? details on page 2.	
9.		Has the entity made an	n interfund loan(s) to pay for current operations? details on page 2.	
10.			pay timely any contributions to governmental agencies for the benefits of its Vorkmen's Comp or Federal taxes)? If yes, please provide details on page	
11.		Has the entity failed to	make timely payments for debt service, to vendors or others? details on page 2.	
12.		X Has the entity augmen	ted the appropriated expenses for any proprietary fund since the previous redetails on page 2.	eport?
13.		h and cash equivalents (unaudited	d) as of quarter ending <u>9/30/2016</u>	
	(Ent	erprise Fund(s) Only) <u>Prior Year</u>	Current Year	
		763,472	847,449	
14.	Gen	eral Fund Ending Balance (unaud <u>Prior Year</u>	lited) as of quarter ending <u>9/30/2016</u> Current Year	
		361,541	683,585	
15.		h and cash equivalents (unaudited neral Fund Only) <u>Prior Year</u>	d) as of quarter ending9/30/2016 Current Year	
		<u>- 1101 1641</u> 461,780	747,237_	

1-6.			
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7.	Date	Туре	Amount
8.	Date	Lender	Amount
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9.	Date From Fund	To Fund	Amount
э	Date 1101111 und	101 ullu	Amount
10-11			
-			
12.	Date Fund #	Fund	Amount
10 15			
13-15			
PREPARED E			
	Name/Title	9	Signature
PERSON SIG	NING CERTIFIES ALL INFORMATION	ON PROVIDED IS TRUE & CO	RRECT FOR THE PERIOD INDICATED.
REVIEWED E		Financial Officer	Olement in a
	Name/Title	9	Signature

ENTIT	ΓΥ:	East Fork	Fire Protection District	QUARTE	R ENDING:	9/30/2016		
OUES	STION	IS REGARE	DING ECONOMIC CONDITION		REPARED:	10/17/2016		
QULU	Yes							
1.		No Since the last filing: X 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	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.		X	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	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.					
QUE	STIO	NS REGAR	DING OPERATIONS					
6.		X 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	X 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		any proprietary fund since	the previous report?		
13.		sh and cash Iterprise Fun	equivalents (unaudited) as of d(s) Only) <u>Prior Year</u>	quarter ending	:			
			n/a	n/a				
14.	Gei	neral Fund E	Ending Balance (unaudited) as <u>Prior Year</u>	of quarter ending Current Year	9/30/2016			
			1,644,326	1,862,006				
15.		sh and cash eneral Fund	• *		9/30/2016			
			Prior Year	Current Year				
			1 919 203	2 641 798				

1-6.					
-					
-					
7.	Date	Туре	Amount		
8.	Date	Lender	Amount		
9. Date	From Fund	To Fund	Amount		
10-11.					
10-11.					
12.	Date	Fund	Amount		
13-15.					
PREPARED BY:	Kathy Kaiser, Budget	Analyst			
	Name	/Title	Signature		
PERSON SIGNING	CERTIFIES ALL INFORM	ATION PROVIDED IS TRUE & Co	ORRECT FOR THE PERIOD INDICATED.		
REVIEWED BY:	Christine Vuletich, Assistant County Manager/ CFO				
	Name	/Title	Signature		