ENTI	TY:	Douglas Co	ounty	QUAR	TER ENDING:	9/30/2014
QUES	STION	IS REGARDI	NG ECONOMIC CON		E PREPARED:	11/5/2014
	Yes	. No	Since the last filing:			
1.		Х		ccounts for 15 % or more of the ethe previous report? If yes, ple	employment in the area closed or signers are provide details on page 2.	nificantly
2.		X		ced a cumulative increase or de e past two years? If yes, please	ecrease of 10% or more in population of provide details on page 2.	)C
3.		Х	Has there been any sign If yes, please provide de	· · · · =	ich could affect your entity positively?	
4.		Х	Has there been any sign If yes, please provide de	· · · · =	ich could affect your entity negatively?	
5.		Х	Has anything significant If yes, please provide de	occurred which could affect you tails on page 2.	r expected level of revenues?	
QUE	STION	NS REGARD	ING OPERATIONS			
6.		Х	_		perating) fund had an unexplained, ur yes, please provide details on page 2	_
7.	Х		Has the entity entered in If yes, please provide de	to any new debt arrangements s tails on page 2.	since the previous report?	
8.		Х	Has the entity borrowed If yes, please provide de	money to pay for current operati tails on page 2.	ions?	
9.		Х	Has the entity made an i	nterfund loan(s) to pay for curre tails on page 2.	nt operations?	
10.		X			overnmental agencies for the benefits on page 9)? If yes, please provide details on page 1	· ·
11.		Х	Has the entity failed to m If yes, please provide de	nake timely payments for debt se tails on page 2.	ervice, to vendors or others?	
12.		X	Has the entity augmente If yes, please provide de		r any proprietary fund since the previou	us report?
13.		sh and cash e terprise Func		as of quarter ending	9/30/2014	
	(டா	terprise i unc	Prior Year	Current Year		
			10,147,266	10,207,7	52	
14.	Ger	neral Fund Er	nding Balance as of qua <u>Prior Year</u>	arter ending Current Year	9/30/2014	
			6,546,440	7,946,9	<u>17</u>	
15.		sh and cash e neral Fund C		as of quarter ending	9/30/2014	

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12,144,695

7,476,435

1-6.					
-					
-					
_					
7.		Date 07/15/14	Type Installment Purchase Agreement	\$ Amount	320,000
				Ψ	020,000
8.		Date	Landar	Amaziint	
Ο.		Date	Lender	Amount	
9.	Date	From Fund	To Fund	Amount	
10-11.					
_					
-					
-					
_					_
12.		Date	Fund	Amount	
			<u> </u>		
13-15.					
-					
_					
_					
PREPA	RED BY:	Marcie Schurke, Budge	et Analyst II		
		Name/	Title	Signature	_
PERSO	ON SIGNING C	ERTIFIES ALL INFORMA	ATION PROVIDED IS TRUE & CORRECT	FOR THE PERIOD INDICATED	<b>)</b> .
REVIE	WED BY:	Christine Vuletich, Ass	istant County Manager/ CFO Title		
		Name/	Title	Signature	

Rev. 9/02/05 - LGF Page 2

ENTI	TY:	Douglas	County Redevelopment Agency	QUARTE	R ENDING:	9/30/2014
OUE	CTION	IC DECAD	DINC FOONOMIC CONDITION		PREPARED:	11/5/2014
QUE			DING ECONOMIC CONDITION	15		
	Yes	s N	Since the last filing:			
1.		X	Has any employer that accounts reduced operations since the pre		employment in the area closed or signi ease provide details on page 2.	ficantly
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.		X	Has there been any significant e	• • •	ch could affect your entity positively?	
4.		Х	Has there been any significant e	· · ·	ch could affect your entity negatively?	
5.		<u> </u>	Has anything significant occurred If yes, please provide details on	=	r expected level of revenues?	
QUE	STIO	NS REGAF	RDING OPERATIONS			
6.					perating) fund had an unexplained, unb yes, please provide details on page 2.	udgeted,
7.		x	Has the entity entered into any n		since the previous report?	
8.		X	Has the entity borrowed money t	· ·	ons?	
9.		Х	Has the entity made an interfund If yes, please provide details on	. ,	nt operations?	
10.		X			vernmental agencies for the benefits of )? If yes, please provide details on pag	· ·
11.		Х	Has the entity failed to make time If yes, please provide details on		ervice, to vendors or others?	
12.		X	Has the entity augmented the ap		any proprietary fund since the previous	report?
13.			h equivalents (unaudited) as of q	uarter ending	:	
	(En	terprise Fu	ind(s) Only) <u>Prior Year</u>	Current Year		
			n/a	n/a		
14.	Ge	neral Fund	Ending Balance (unaudited) as one of the Prior Year	of quarter ending <u>Current Year</u>	9/30/2014	
			761,678	812,429		
15.		sh and casl eneral Func	h equivalents (unaudited) as of q ł Only)	uarter ending	9/30/2014	
	`		<u>Prior Year</u>	Current Year		

1,052,266

859,234

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	RED 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.
REVIEV	VED BY:	Christine Vuletich, Ass Name	sistant County Manager/ CFO /Title	Signature

ENTI	ΓY:	Town of Mi	nden	QUARTE	R ENDING:	9/30/2014
					PREPARED:	11/5/2014
QUES	STION	S REGARDI	NG ECONOMIC CONDITION	NS		
	Yes	No	Since the last filing:			
1.		Х	Has any employer that account reduced operations since the pro-		employment in the area closed or significant ease provide details on page 2.	tly
2.		X	Has your entity experienced a cassessed 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 of lf yes, please provide details on		ch could affect your entity positively?	
4.		Х	Has there been any significant of lf yes, please provide details on	· · · · · · · · · · · · · · · · · · ·	ch could affect your entity negatively?	
5.		X	Has anything significant occurre		r expected level of revenues?	
QUE	STION	IS REGARD	ING OPERATIONS			
6.		X	<del>-</del>		perating) fund had an unexplained, unbudge yes, please provide details on page 2.	ited,
7.	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 If yes, please provide details on		ions?	
9.		X	Has the entity made an interfun If yes, please provide details on		nt operations?	
10.		X			overnmental agencies for the benefits of its energy? If yes, please provide details on page 2.	mployees,
11.		Х	Has the entity failed to make tin If yes, please provide details on		ervice, to vendors or others?	
12.		X	Has the entity augmented the a If yes, please provide details on		any proprietary fund since the previous repo	ort?
13.			quivalents (unaudited) as of	quarter ending	9/30/2014	
	(Ent	erprise Fund	(s) Only) <u>Prior Year</u>	Current Year		
			5,255,316	5,969,121		
14.	Gen	eral Fund Er	nding Balance (unaudited) as <u>Prior Year</u>	of quarter ending Current Year	9/30/2014	
			(126,962)	305,872		
15.	Cas	h and cash e	quivalents (unaudited) as of	quarter ending	9/30/2014	
		neral Fund O		Current Year		
			331,476	783,637		

1-6.					
7.		Date	Туре	Amount	
8.		Date	Lender	Amount	
9.	Date	From Fund	To Fund	Amount	
0.	Bute	1 TOTAL GIRL	10 Turiu	7 thouse	
10-11.					
12.		Date Fund #	Fund	Amount	
		Bato I alla II	T dild	Autount	
13-15.	budgeted transf	tive fund balance due to budg fer actually took place in the 3	leted street maintenance that o	occured in the 1st quarter of the year. The	
	budgeted trains	ici actually took place in the z	ind quarter from the Capital Fit	Jeous Fund.	
PREP	ARED BY:	Marcie Schurke, Budget Ar	nalyst II		
		Name/Title		Signature	
)EDO	ON CICNING O	EDTIFIES ALL INFORMATIO	N DDOVIDED IS TOUE 9 000	DECT FOR THE PERIOD INDICATED	
-EKS	ON SIGNING CI	EKTIFIES ALL INFURMATIO	IN PROVIDED IS TRUE & CO	RRECT FOR THE PERIOD INDICATED.	
REVIE	WED BY:	Christine Vuletich, Assistar	t County Manager/ CFO		
		Name/Title		Signature	

ENTI	TY:	Town of Genoa	QL	JARTER ENDING:	9/30/2014
QUE	STION	S REGARDING ECON		ATE PREPARED:	11/5/2014
	Yes	No Since the I	ast filing:		
1.			-	e of the employment in the area closed or sig yes, please provide details on page 2.	gnificantly
2.		· · · · · · · · · · · · · · · ·	tity experienced a cumulative increas luation in the past two years? If yes,	e or decrease of 10% or more in population please provide details on page 2.	or
3.			een any significant event(s) in the reg e provide details on page 2.	ion which could affect your entity positively?	
4.		_	een any significant event(s) in the reg e provide details on page 2.	ion which could affect your entity negatively	?
5.		· · · · · · · · · · · · · · · · · ·	g significant occurred which could aff e provide details on page 2.	ect your expected level of revenues?	
QUE	STION	IS REGARDING OPERA	ATIONS		
6.				ncipal operating) fund had an unexplained, u ars? If yes, please provide details on page 2	=
7.			ty entered into any new debt arranger e provide details on page 2.	ments since the previous report?	
8.		-	ty borrowed money to pay for current e provide details on page 2.	operations?	
9.			ty made an interfund loan(s) to pay fo e provide details on page 2.	or current operations?	
10.				ns to governmental agencies for the benefits all taxes)? If yes, please provide details on p	· ·
11.		-	ty failed to make timely payments for e provide details on page 2.	debt service, to vendors or others?	
12.			ty augmented the appropriated exper e provide details on page 2.	nses for any proprietary fund since the previo	ous report?
13.			unaudited) as of quarter ending _	:	
	(Ent	erprise Fund(s) Only) <u>Prior Yea</u>	<u>Current Yea</u>	<u>ar</u>	
		n/a	n/a		
14.	Gen	eral Fund Ending Baland Prior Yea	ce (unaudited) as of quarter endin ar <u>Current Yea</u>		
		212,6	83257	,238_	
15.		neral Fund Only)	unaudited) as of quarter ending _	9/30/2014	
		Prior Yea	<u>Current Yea</u>	<u>ar</u>	
		220,5	559 255	,657	

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	RED 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.
REVIEV	VED BY:	Christine Vuletich, Ass Name	sistant County Manager/ CFO /Title	Signature

ENTI	ΓΥ:	Town of Ga	ırdnerville	QUARTE	R ENDING:	9/30/2014
QUES	STION	S REGARDI	NG ECONOMIC CONDITION		PREPARED:	11/5/2014
	Yes	No	Since the last filing:			
1.		X	Has any employer that accounts reduced operations since the pr		employment in the area closed or signitease provide details on page 2.	ïcantly
2.		Х	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 lf yes, please provide details on	· · · =	ch could affect your entity positively?	
4.		Х	Has there been any significant of If yes, please provide details on		ch could affect your entity negatively?	
5.		Х	Has anything significant occurre		r expected level of revenues?	
QUE	STION	IS REGARD	ING OPERATIONS			
6.		Х	=		perating) fund had an unexplained, unb yes, please provide details on page 2.	udgeted,
7.		X	Has the entity entered into any r	=	since the previous report?	
8.		X	Has the entity borrowed money If yes, please provide details on		ons?	
9.		Х	Has the entity made an interfund	. ,	nt operations?	
10.		X	•		vernmental agencies for the benefits of )? If yes, please provide details on pag	• •
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	9/30/2014	
	(Ent	erprise Fund	(s) Only) <u>Prior Year</u>	Current Year		
			715,949	611,338		
14.	Gen	eral Fund Er	nding Balance (unaudited) as <u>Prior Year</u>	of quarter ending Current Year	9/30/2014	
			461,002	276,238		
15.		h and cash e neral Fund C	- ·	<u>-</u>	9/30/2014	
			<u>Prior Year</u> 739,318	<u>Current Year</u> 780,416		

1-6.			
-			
7.	Date	Туре	Amount
8.	Date	Lender	Amount
9. Date	From Fund	To Fund	Amount
10-11.			
40		"	
12.	Date Fund	# Fund	Amount
			-
13-15			
-			
PREPARED BY:	Marcie Schurke, Budget	Analyst II	
	Name/T	tle	Signature
DEDSON SIGNING	CEPTIFIES ALL INFORMAT	TION DROVIDED IS TRIF 9 C	ORRECT FOR THE PERIOD INDICATED.
F LASON SIGNING	OLITHIES ALL INFORMA	ION FROVIDED IS TRUE & C	ONILOT FOR THE PERIOD INDICATED.
REVIEWED BY:	Christine Vuletich, Assis	tant County Manager/ CFO	
	Name/T	tle	Signature

ENTI	TY:	East Fork Fire Protection District	QUARTE	R ENDING:	9/30/2014
QUE	STION	S REGARDING ECONOMIC CONDITION		PREPARED:	11/5/2014
	Yes	No Since the last filing:			
1.		X Has any employer that accounts reduced operations since the pre			or significantly
2.		X Has your entity experienced a cur assessed valuation in the past tw		· ·	ation or
3.		Has there been any significant even the second of the seco	· · · -	ich could affect your entity positi	vely?
4.		Has there been any significant even the second of the seco		ich could affect your entity negat	ively?
5.		Has anything significant occurred If yes, please provide details on p		r expected level of revenues?	
QUE	STION	S REGARDING OPERATIONS			
6.		X Has the ending fund balance in y or unanticipated decline for the page 1		: -:	_
7.		X Has the entity entered into any ne		since the previous report?	
8.		X Has the entity borrowed money to	· ·	ions?	
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 application of the second sec		r any proprietary fund since the រុ	previous report?
13.		n and cash equivalents (unaudited) as of querprise Fund(s) Only)	uarter ending	<del>:</del>	
		<u>Prior Year</u>	Current Year		
		n/a	n/a		
14.	Gen	eral Fund Ending Balance (unaudited) as o <u>Prior Year</u>	f quarter ending Current Year	9/30/2014	
		1,857,279	1,644,326		
15.		h and cash equivalents (unaudited) as of զւ neral Fund Only)	uarter ending	9/30/2014	
	(56)	Prior Year	Current Year		
		2,473,898	1,919,203		

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	RED 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.
REVIEV	VED BY:	Christine Vuletich, Ass Name	sistant County Manager/ CFO /Title	Signature

ENTI	TY:	East Fork	Paramedic District	QUARTER	R ENDING:	9/30/2014		
QUESTIONS REGARDING ECONOMIC CONDITIONS  DATE PREPARED:								
	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.		Х	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	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.					
QUESTIONS REGARDING OPERATIONS								
6.		Х	<b>-1</b>		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 9/30/2014 Prior Year Current Year								
			637,482	771,342				
15.	Cash and cash equivalents (unaudited) as of quarter ending 9/30/2014							
	(Gei	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