

ENTITY: Elko County & Component Units

QUARTER ENDING: 30-Sep-20

DATE PREPARED: 27-Oct-20

QUESTIONS REGARDING ECONOMIC CONDITIONS

- | Yes | No | Since the last filing: |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Has there been any significant event(s) in the region which could affect your entity negatively? If yes, please provide details on page 2. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Has anything significant occurred which could affect your expected level of revenues? If yes, please provide details on page 2. |

QUESTIONS REGARDING OPERATIONS

- | | | |
|------------------------------|-------------------------------------|---|
| 6. <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity entered into any new debt arrangements since the previous report? If yes, please provide details on page 2. |
| 8. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity borrowed money to pay for current operations? If yes, please provide details on page 2. |
| 9. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity made an interfund loan(s) to pay for current operations? If yes, please provide details on page 2. |
| 10. <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity failed to make timely payments for debt service, to vendors or others? If yes, please provide details on page 2. |
| 12. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity augmented the appropriated expenses for any proprietary fund since the previous report? If yes, please provide details on page 2. |

13. Cash and cash equivalents (unaudited) as of quarter ending 9/30/2020:
(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>3,226,319</u>	<u>3,658,100</u>

THIS INCLUDED ALL ENTERPRISE FUNDS

14. General Fund Ending Balance (unaudited) as of quarter ending 9/30/2020:

<u>Prior Year</u>	<u>Current Year</u>
<u>6,621,392</u>	<u>10,441,254</u>

THIS INCLUDES ALL GENERAL FUNDS

15. Cash and cash equivalents (unaudited) as of quarter ending 9/30/2020 :
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>6,747,200</u>	<u>10,398,751</u>

THIS INCLUDES ALL GENERAL FUNDS

DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

1-6. The order of closures of non-essential businesses issued in relation to the COVID-19 pandemic will result in a decrease in revenues as many local businesses are not yet fully operational.

7.	Date	Type	Amount

8.	Date	Lender	Amount

9.	Date	From Fund	To Fund	Amount

10-11.

12.	Date	Fund	Amount

13-15.

PREPARED BY: Sara Steninger, Accountant II
Name/Title

Sara Steninger
Signature

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOR THE PERIOD INDICATED.

REVIEWED BY: Susan Paprocki, Comptroller
Name/Title

Susan Paprocki
Signature