

ENTITY: Town of Genoa

QUARTER ENDING: 3/31/2019

DATE PREPARED: 5/15/2019

QUESTIONS REGARDING ECONOMIC CONDITIONS

- | | Yes | No | Since the last filing: |
|----|--------------------------|-------------------------------------|---|
| 1. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 _____ :
(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>n/a</u>	<u>n/a</u>

14. General Fund Ending Balance (unaudited) as of quarter ending 3/31/2019
Prior Year Current Year

<u>197,055</u>	<u>230,584</u>
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15. Cash and cash equivalents (unaudited) as of quarter ending 3/31/2019
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>299,559</u>	<u>357,507</u>

DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

1-6. _____

7.	Date	Type	Amount
	_____	_____	_____
	_____	_____	_____


8.	Date	Lender	Amount
	_____	_____	_____
	_____	_____	_____

9.	Date	From Fund	To Fund	Amount
	_____	_____	_____	_____
	_____	_____	_____	_____

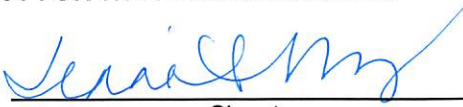
10-11. _____

12.	Date	Fund	Amount
	_____	_____	_____
	_____	_____	_____

13-15. _____

PREPARED BY: Julie Andress, Budget Manager  Signature
Name/Title

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

REVIEWED BY: Terri Willoughby, Chief Financial Officer  Signature
Name/Title