

ENTITY: Nevada Commission for the
Reconstruction of the V&T Railway

QUARTER ENDING:

DATE PREPARED:

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 t reduced operations since the previous report? If yes, please provide del |
| 2. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has your entity experienced a cumulative increase or decrease of 10% o assessed valuation in the past two years? If yes, please provide details |
| 3. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has there been any significant event(s) in the region which could affect y 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 y 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 If yes, please provide details on page 2. |

QUESTIONS REGARDING OPERATIONS

- | | | | |
|-----|--------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Has the ending fund balance in your general (principal operating) fund ha or unanticipated decline for the past two fiscal years? If yes, please pro |
| 7. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity entered into any new debt arrangements since the previou 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 age (for example, PERS, Workmen's Comp or Federal taxes)? If yes, please |
| 11. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the entity failed to make timely payments for debt service, to vendor 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 If yes, please provide details on page 2. |

13. Cash and cash equivalents (unaudited) as of quarter ending 9/30/22:
 (Enterprise Fund(s) Only)

	<u>Prior Year</u>	<u>Current Year</u>
	\$ <u>655,414</u>	\$ <u>410,791</u>

14. General Fund Ending Balance (unaudited) as of quarter ending

	<u>Prior Year</u>	<u>Current Year</u>
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	<u>N/A</u>	<u>N/A</u>
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15. Cash and cash equivalents (unaudited) as of quarter ending:
 (General Fund Only)

	<u>Prior Year</u>	<u>Current Year</u>
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N/A

N/A

DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE

1-6. _____

7.

Date	Type
_____	_____
_____	_____

8.

Date	Lender
_____	_____
_____	_____

9.

Date	From Fund	To Fund
_____	_____	_____
_____	_____	_____

10-11. _____

12.

Date	Fund
_____	_____
_____	_____

13-15. _____

PREPARED BY: Jennifer McCain, Storey County Comptroller
Name/Title

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOI

REVIEWED BY: Allyson Bolton, Operations Coordinator
Name/Title

September 30, 2022

October 11, 2022

the area closed or significantly
tails on page 2.

or more in population or
on page 2.

your entity positively?

your entity negatively?

of revenues?

d an unexplained, unbudgeted,
vide details on page 2.

is report?

ncies for the benefits of its employees,
provide details on page 2.

rs or others?

fund since the previous report?

≡ 1

Amount

Amount

Amount

Amount

Signature

R THE PERIOD INDICATED.

Signature

