



ENTITY City of Boulder City, Nevada _____

QUARTER ENDING: 3/31/2019
DATE PREPARED: 5/13/2019

Pursuant to NRS 354.6015 and NAC 354.559 local governments are required to submit a quarterly survey report.

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 benefit 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 3/31/2019 _____:
(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
\$29,767,914 _____	\$35,056,141 _____

14 General Fund Ending Balance (unaudited) as of quarter ending: 3/31/2019 _____:

<u>Prior Year</u>	<u>Current Year</u>
\$18,468,782 _____	\$24,430,081 _____

15 Cash and cash equivalents (unaudited) as of quarter ending 3/31/2019 _____:
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
\$15,536,971 _____	\$25,090,458 _____



DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

QUESTION

1- 6.

7. Date: _____ Type: _____ Amount: \$ _____
 Date: _____ Type: _____ Amount: \$ _____

8. Date: _____ Lender: _____ Amount: \$ _____
 Date: _____ Lender: _____ Amount: \$ _____

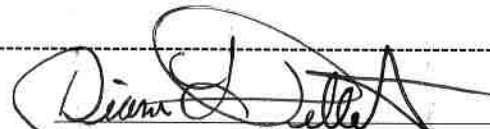
9. Date: _____ From Fund: _____ To Fund: _____ Amount: \$ _____
 Date: _____ From Fund: _____ To Fund: _____ Amount: \$ _____

10-11.

12. Date: _____ Fund: _____ Amount: \$ _____
 Date: _____ Fund: _____ Amount: \$ _____

13-15.

PREPARED BY: _____ Diane Pelletier, Finance Director _____
 Name/Title


 Signature

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

REVIEWED BY: _____ Diane Pelletier, Finance Director _____
 Name/Title


 Signature

The Survey can be submitted to the Department of Taxation electronically via e-mail to the Budget Analyst responsible for the entity. Please submit in PDF form so as to reflect signatures. This submission will fulfill filing requirements.