ENTITY: CARSON CITY CULTURE & TOURISM

QUARTER ENDING: 09/30/24

DATE PREPARED: 11/07/24

**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. | | xx | 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. | | xx | 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. | | xx | 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. | | xx | 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. | | xx | Has anything significant occurred which could affect your expected level of revenues? If yes, please provide details on page 2. |

## QUESTIONS REGARDING OPERATIONS

| | | | |
|---|---|---|---|
| 6. | | xx | 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. | | xx | Has the entity entered into any new debt arrangements since the previous report? If yes, please provide details on page 2. |
| 8. | | xx | Has the entity borrowed money to pay for current operations? If yes, please provide details on page 2. |
| 9. | | xx | Has the entity made an interfund loan(s) to pay for current operations? If yes, please provide details on page 2. |
| 10. | | xx | 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. | | xx | Has the entity failed to make timely payments for debt service, to vendors or others? If yes, please provide details on page 2. |
| 12. | | xx | 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 09/30/24:
(Enterprise Fund(s) Only)

| Prior Year | Current Year |
|---|---|
| 0.00 | 0.00 |

14. General Fund Ending Balance (unaudited) as of quarter ending 09/30/24:

| Prior Year | Current Year |
|---|---|
| 2,503,975.28 | 2,706,405.26 |

15. Cash and cash equivalents (unaudited) as of quarter ending 09/30/24:
(General Fund Only)

| Prior Year | Current Year |
|---|---|
| 692,651.78 | 1,180,638.54 |

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: Chris Kipp, Operations & Finance Manager
Name/Title

Chris Kipp
Signature

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

REVIEWED BY: Linda Macauley, Administrative Assistant
Name/Title

Linda Macauley
Signature