

INDEBTEDNESS REPORT**FY 2017-2018****DEBT MANAGEMENT COMMISSION ACT (NRS 350.013)**

1. Has your local government issued any new General Obligation Bond issues since Yes () No (X)
July 1, 2016?

If so, amount: \$ _____ Date: _____ / _____ / _____

2. Has your local government approved any new Medium-Term Obligation issues since Yes () No (X)
July 1, 2016?

If so, amount: \$ _____ Date: _____

3. Has your local government updated its debt management policy? (Per NRS 350.013) Yes () No (X) N/A ()
If Yes, submit updated policy with Indebtedness Report or prepare a statement discussing the following areas:

- A. Discuss the ability of your entity to afford existing and future general obligation debt.
- B. Discuss your entity's capacity to incur future general obligation debt without exceeding the applicable debt limit.
- C. Discuss the general obligation debt per capita of your entity as compared with the average for such debt of local governments in Nevada.
- D. Discuss general obligation debt of your entity as a percentage of **assessed valuation** of all taxable property within the boundaries of your entity. (REDBOOK FY 2017-2018)
- E. Present a policy statement regarding the manner in which your entity expects to sell its debt.
- F. Discuss the sources of money projected to be available to pay existing and future general obligation debt.
- G. Discuss the operating costs and revenue sources with each project.

If No, please provide a brief explanation.

4. Has your local government updated its five-year capital improvement plan? Yes (X) No () N/A ()
(Required pursuant to NRS 350.013, 354.5945 & 354.5947)

Submitted By: Savannah Rucker, Nye County Comptroller
(signature)



SCHEDULE OF INDEBTEDNESS AS OF JUNE 30, 2017**CHECK HERE IF YOUR ENTITY HAS NO OUTSTANDING DEBT** **GENERAL OBLIGATION BONDS**

1. General obligation	_____
2. General obligation/revenue	0
3. General obligation special assessment	_____
Total general obligation bonded debt	0

MEDIUM-TERM OBLIGATIONS

1. General Obligation bonds	_____
2. Negotiable notes or bonds	0
3. Capital lease purchases	0
Total medium-term obligation debt	0

REVENUE BONDS**OTHER DEBT**

1. Capital lease purchases-MTO not required or prior to law change	_____
2. Mortgages	_____
3. Warrants	_____
4. Special Assessments	_____
5. Other (specify)	_____
6. Other (specify)	_____
Total other debt	_____

TOTAL INDEBTEDNESS

0

Authorized but unissued general obligation bonds

Note: Please explain and provide documentation for any differences between the amounts reported on this **schedule** and those reported on **Schedule C-1** of your **Final Fiscal Year 2017-2018 budget**.

EXPLANATION:

SCHEDULE OF FIVE YEAR DEBT SERVICE REQUIREMENTS AS OF JUNE 30, 2017

For the next five years, list the total dollar requirement for principal and interest broken down for each type of indebtedness the entity currently has outstanding.

	<u>2017-2018</u>	<u>2018-2019</u>	<u>2019-2020</u>	<u>2020-2021</u>	<u>2021-2022</u>
G/O Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
G/O Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
G/O Special Assessment	\$ -	\$ -	\$ -	\$ -	\$ -
Medium-Term Obligation					
G/O Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Notes/Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Leases/ Purchases	\$ -	\$ -	\$ -	\$ -	\$ -
Revenue Bonds	\$ -	\$ -	\$ -	\$ -	\$ -
Other Lease Purchases	\$ -	\$ -	\$ -	\$ -	\$ -
Mortgages	\$ -	\$ -	\$ -	\$ -	\$ -
Warrants	\$ -	\$ -	\$ -	\$ -	\$ -
Special Assessments	\$ -	\$ -	\$ -	\$ -	\$ -
Other Debt	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -				

SCHEDULE OF DEBT REPAYMENT AS OF JUNE 30, 2017

The repayment schedules should start with the payment of principal and interest due **after June 30, 2017** and continue until any particular issue is retired.

Entity: Northern Nye County Hospital District

(1) CONTEMPLATED GENERAL OBLIGATION DEBT	(2)	(3)	(4)	(5) FINAL PYMT	(6) INTEREST
PURPOSE	TYPE	AMOUNT	TERM	DATE	RATE
None					

SPECIAL ELECTIVE TAX			ELECTION	EXPIRATION	IMPLEMENTATION
PURPOSE	TYPE	RATE	DATE	DATE	DATE
None					

**Statement of Contemplated General Obligation Debt and
Special Elective Taxes - Fiscal Year 2017-2018**

FIVE YEAR CAPITAL IMPROVEMENT PLAN

(Per NRS 354.5945)

ENTITY: Northern Nye County Hospital District

Minimum level of expenditure for items classified as capital assets
 Minimum level of expenditure for items classified as capital projects

\$XXXX
 \$XXXX

DATE: July 17, 2017

		FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
Fund:	74101 - Northern Nye County Hospital District					
Capital Improvement:	TBD	1,000,000				
Funding Source:	Ad Valorem					
Completion Date:	TBD					
Fund Total						

		FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
Fund:						
Capital Improvement:						
Funding Source:						
Completion Date:						
Fund Total						

		FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
Fund:						
Capital Improvement:						
Funding Source:						
Completion Date:						
Fund Total						

List of Funding Sources:

Property Tax - Gen. Revenues
 Charges for Services
 Debt
 Grants
 Other (Please Describe)