

INDEBTEDNESS REPORT

As of June 30, 2025



Entity: Northern Nye County Hospital District

Date: 07/15/2025

DEBT MANAGEMENT COMMISSION ACT (NRS 350.013)

1. Has your local government issued any new General Obligation Bond issues since July 1, 2024? Yes () No (X)

If so, amount: _____ Date: _____

2. Has your local government approved any new Medium-Term Obligation issues since July 1, 2024? Yes () No (X)

If so, amount: _____ Date: _____

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

- 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 2024-2025)
- 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.

The District is not proposing to issue general obligation debt, has no outstanding general obligation debt, other general or special obligations, and is not levying or proposing to levy any special elective tax.

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

Submitted By:

Helen Bae

(Signature)

Helen Bae, Comptroller

(775) 751-6391

(Phone number)

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As of June 30, 2025



Entity: **Northern Nye County Hospital District**

CHECK HERE IF YOUR ENTITY HAS NO OUTSTANDING DEBT

TRUE

GENERAL OBLIGATION BONDS

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

MEDIUM-TERM OBLIGATIONS

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

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

_____ -

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 2025-2026 budget**.

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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>2025-2026</u>	<u>2026-2027</u>	<u>2027-2028</u>	<u>2028-2029</u>	<u>2029-2030</u>
<u>General Obligation Bonds</u>					
G/O Bonds					
G/O Revenue					
G/O Special Assessment					
<u>Medium-Term Obligation</u>					
G/O Bonds					
Notes/Bonds					
Leases/ Purchases					
<u>Revenue Bonds</u>					
<u>Other Debt</u>					
Other Lease Purchases					
Mortgages					
Warrants					
Special Assessments					
Other Debt					
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -

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The repayment schedules should start with the payment of principal and interest due **after June 30, 2025** and continue until any particular issue is retired.

***** No Debt To Report*****

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CONTEMPLATED GENERAL OBLIGATION DEBT

(1) PURPOSE	(2) TYPE	(3) AMOUNT	(4) TERM	(5) FINAL PAYMENT DATE	(6) INTEREST RATE
NONE					

SPECIAL ELECTIVE TAX

PURPOSE	TYPE	RATE	ELECTION DATE	EXPIRATION DATE	IMPLEMENTATION DATE
NONE					

FIVE YEAR CAPITAL IMPROVEMENT PLAN

(Per NRS 354.5945)

ENTITY: Northern Nye County Hospital District

DATE: 07/01/2025

Minimum level of expenditure for items classified as capital a: **\$5,000**
 Minimum level of expenditure for items classified as capital p: **\$50,000**

		FY 2025-2026	FY 2026-2027	FY 2027-2028	FY 2028-2029	FY 2029-2030
Fund:	74101 - Northern Nye County Hospital District					
Capital Improvement:	Continue Clinic Renovations / Hospital Construction	100,000			-	-
Funding Source:						
Completion Date:	6/30/2026					
Fund Total		100,000	-	-	-	-

		FY 2025-2026	FY 2026-2027	FY 2027-2028	FY 2028-2029	FY 2029-2030
Fund:						
Capital Improvement:						
Funding Source:						
Completion Date:						
Fund Total						

		FY 2025-2026	FY 2026-2027	FY 2027-2028	FY 2028-2029	FY 2029-2030
Fund:	All Funds					
Capital Improvement:						
Funding Source:						
Completion Date:						
Fund Total						

List of Funding Sources:

Property Tax - Gen. Revenues

Charges for Services

Debt

Grants

Other (Please Describe)

		FY 2025-2026	FY 2026-2027	FY 2027-2028	FY 2028-2029	FY 2029-2030
Fund:	All Funds					
Capital Improvement:	Total Funds	100,000	-	-	-	-
Funding Source:						
Completion Date:						
Fund Total						
		FY 2025-2026	FY 2026-2027	FY 2027-2028	FY 2028-2029	FY 2029-2030