

## 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)

## INDEBTEDNESS REPORT

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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Entity: **Northern Nye County Hospital District**

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.

2025-2026      2026-2027      2027-2028      2028-2029      2029-2030

### **General Obligation Bonds**

G/O Bonds \_\_\_\_\_

G/O Revenue \_\_\_\_\_

G/O Special  
Assessment \_\_\_\_\_

### **Medium-Term Obligation**

G/O Bonds \_\_\_\_\_

Notes/Bonds \_\_\_\_\_

Leases/  
Purchases \_\_\_\_\_

### **Revenue Bonds**

\_\_\_\_\_

### **Other Debt**

Other Lease Purchases \_\_\_\_\_

Mortgages \_\_\_\_\_

Warrants \_\_\_\_\_

Special  
Assessments \_\_\_\_\_

Other Debt \_\_\_\_\_

**TOTAL**      \$      -      \$      -      \$      -      \$      -

## INDEBTEDNESS REPORT

As of June 30, 2025



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\*\*\***



## INDEBTEDNESS REPORT

As of June 30, 2025

**Entity: Northern Nye County Hospital District**

## **CONTEMPLATED GENERAL OBLIGATION DEBT**

## **SPECIAL ELECTIVE TAX**

## FIVE YEAR CAPITAL IMPROVEMENT PLAN

(Per NRS 354.5945)

Minimum level of expenditure for items classified as capital as  
Minimum level of expenditure for items classified as capital pu

\$5,000

\$50,000

ENTITY: Northern Nye County Hospital District

DATE: 07/01/2025

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