

ENTITY: Nye County Water District

QUARTER ENDING: June 30, 2025

DATE PREPARED: August 13, 2025

**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 benefits 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: <u>June 30, 2025</u>   |                     |
|     | (Enterprise Fund(s) Only)                                                          |                     |
|     | <u>Prior Year</u>                                                                  | <u>Current Year</u> |
|     | <u>N/A</u>                                                                         | <u>N/A</u>          |
| 14. | General Fund Ending Balance (unaudited) as of quarter ending: <u>June 30, 2025</u> |                     |
|     | <u>Prior Year</u>                                                                  | <u>Current Year</u> |
|     | <u>1,042,090</u>                                                                   | <u>1,045,624</u>    |
| 15. | Cash and cash equivalents (unaudited) as of quarter ending: <u>June 30, 2025</u>   |                     |
|     | (General Fund Only)                                                                |                     |
|     | <u>Prior Year</u>                                                                  | <u>Current Year</u> |
|     | <u>940,447</u>                                                                     | <u>1,005,575</u>    |

\*Unaudited Results\*

## DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

1-6. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| Date | Type | Amount |
|------|------|--------|
|      |      |        |
|      |      |        |
|      |      |        |

| 8. | Date | Lender | Amount |
|----|------|--------|--------|
|    |      |        |        |
|    |      |        |        |
|    |      |        |        |

|    |      |           |         |        |
|----|------|-----------|---------|--------|
| 9. | Date | From Fund | To Fund | Amount |
|    |      |           |         |        |
|    |      |           |         |        |
|    |      |           |         |        |

| 10-11. |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|--|--|--|--|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|--|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|--|--|--|--|--|---|
| 12.    | <table border="1"><thead><tr><th>Date</th></tr></thead><tbody><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td>Total</td></tr></tbody></table> | Date |  |  |  |  |  |  | Total | <table border="1"><thead><tr><th>Fund</th></tr></thead><tbody><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></tbody></table> | Fund |  |  |  |  |  |  |  | <table border="1"><thead><tr><th>Amount</th></tr></thead><tbody><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td>-</td></tr></tbody></table> | Amount |  |  |  |  |  |  | - |
| Date   |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
| Total  |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
| Fund   |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
| Amount |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
|        |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |
| -      |                                                                                                                                                                                                                   |      |  |  |  |  |  |  |       |                                                                                                                                                                                                              |      |  |  |  |  |  |  |  |                                                                                                                                                                                                                 |        |  |  |  |  |  |  |   |

PREPARED BY: Elizabeth Even, Budget Analyst  
Name/Title

E. Even  
Signature

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

REVIEWED BY: Stephani Elliott, Acting Comptroller  
Name/Title

Stephani Elliott  
Signature