



STATE OF NEVADA
DEPARTMENT OF TAXATION

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Chair, Nevada Tax Commission
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Nevada Department of Taxation
1550 College Parkway, Suite 115
Carson City, NV 89706-7937

Northern Nye County Hospital District herewith submits the (FINAL) budget for the
fiscal year ending June 30, 2016

This budget contains 1 funds, including Debt Service, requiring property tax revenues totaling \$ 298,962

The property tax rates computed herein are based on preliminary data. If the final state computed revenue limitation permits,
the tax rate will be increased by an amount not to exceed 0 If the final computation requires, the tax rate will be
lowered.

This budget contains 1 governmental fund types with estimated expenditures of \$ 298,962 and
0 proprietary funds with estimated expenses of \$ 0

Copies of this budget have been filed for public record and inspection in the offices enumerated in NRS 354.596 (Local
Government Budget and Finance Act).

CERTIFICATION

I Amy Fanning
(Printed Name)
Comptroller
(Title)

certify that all applicable funds and financial
operations of this Local Government are
listed herein

Signed Amy Fanning

Dated: 5/29/2015

APPROVED BY THE GOVERNING BOARD

Handwritten signatures of board members: Bill Barsky, Frank Cubber, Donna C. Cox, and Linda A. Wickman

SCHEDULED PUBLIC HEARING:

Date and Time May 29, 2015 @ 9:00

Publication Date May 22, 28-29, 2015

Place: Nye County Commissioners Chambers, 2100 Walt Williams Drive, Pahrump Nevada

**Northern Nye County Hospital District
2015-2016 BUDGET INDEX**

<u>Schedule</u>	<u>Index</u>	<u>Page</u>
S - 2	Statistical Data	1
S - 3	Ad Valorem Tax Rate Reconciliaton	2
A	Est. Revenues & other Resources	3
A - 1	Est. Expenditures & other Financing Uses	4
B	General Fund	5-8
C-1	Indebtedness	9
T	Transfer Scheulde	10-12
	Lobbying Exense Estimate	13
	Existing Contracts	14

FULL TIME EQUIVALENT EMPLOYEES BY FUNCTION

	ACTUAL PRIOR YEAR ENDING 6/30/14	ESTIMATED CURRENT YEAR ENDING 6/30/15	BUDGET YEAR ENDING 6/30/16
General Government			
Judicial			
Public Safety			
Public Works			
Sanitation			
Health			
Welfare			
Culture and Recreation			
Community Support			
Culture and Recreation			
Community Support			
TOTAL GENERAL GOVERNMENT	0	0	0
Utilities			
Hospitals			
Transit Systems			
Airports			
Other			
TOTAL	0	0	0

POPULATION (AS OF JULY 1)	44,292	44,749	45,456
SOURCE OF POPULATION ESTIMATE*	State Demographer	State Demographer	State Demographer
Assessed Valuation (Secured and Unsecured Only)			227,713,083
Net Proceeds of Mines	-	-	-
TOTAL ASSESSED VALUE	-	-	227,713,083
TAX RATE			
General Fund			0.2000
Special Revenue Funds	-	-	-
Capital Projects Funds	-	-	-
Debt Service Funds	-	-	-
Enterprise Fund	-	-	-
Other	-	-	-
TOTAL TAX RATE	-	-	0.2000

* Use the population certified by the state in March each year. Small districts may use a number developed per the instructions (page 6) or the best information available.

Northern Nye County Hospital District
(Local Government)

SCHEDULE S-2 - STATISTICAL DATA

PROPERTY TAX RATE AND REVENUE RECONCILIATION

Fiscal year 2015-2016

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	ALLOWED TAX RATE	ASSESSED VALUATION	ALLOWED AD VALOREM REVENUE [(1) X (2)/100]	TAX RATE LEVIED	TOTAL AD VALOREM REVENUE WITH NO CAP [(2, line A)X(4)/100]	AD VALOREM TAX ABATEMENT [(5) - (7)]	AD VALOREM REVENUE WITH CAP	NET PROCEEDS OF MINERAL REVENUE [(2, line B) X (4)/100]	BUDGETED AD VALOREM REVENUE WITH CAP PLUS REVENUE FROM NPM [(7) +(8)]
OPERATING RATE: A. PROPERTY TAX Subject to Revenue Limitations	0.2	227,713,083	455,426	0.2	455,426	156,464	298,962	XXXXXXXXXXXXXXXXXX	298,962
B. PROPERTY TAX Outside Revenue Limitations: Net Proceeds of Mines	0	-	-	0	XXXXXXXXXXXXXXXXXX			0	-
VOTER APPROVED: C. Voter Approved Overrides									
LEGISLATIVE OVERRIDES D. Accident Indigent (NRS 428.185)									
E. Medical Indigent (NRS 428.285)									
F. Capital Acquisition (NRS 354.59815)									
G. Youth Services Levy (NRS 62B.150, 62B.160)									
H. Legislative Overrides									
I. SCCRT Loss (NRS 354.59813)	0	-	-						
J. Other:									
K. Other:									
L. SUBTOTAL LEGISLATIVE OVERRIDES			-						
M. SUBTOTAL A, C, L	0	-	455426.166	0.2	455,426	156,464	298,962		298,962
N. Debt									
O. TOTAL M AND N	0	-	455,426	0.2000	455,426	156,464	298,962	-	298,962

Northern Nye County Hospital District

SCHEDULE S-3 - PROPERTY TAX RATE AND REVENUE RECONCILIATION

If an entity chooses to budget for an amount in column 5 which is lower or higher than the amount produced by the formula, please attach an explanation.

TRANSFERS IN				TRANSFERS OUT		
FUND TYPE	FROM FUND	PAGE	AMOUNT	TO FUND	PAGE	AMOUNT
GENERAL FUND						
SUBTOTAL						
SPECIAL REVENUE FUNDS						
SUBTOTAL						

Northern Nye County Hospital District
 (Local Government)

SCHEDULE T - TRANSFER RECONCILIATION

TRANSFERS IN				TRANSFERS OUT		
FUND TYPE	FROM FUND	PAGE	AMOUNT	TO FUND	PAGE	AMOUNT
CAPITAL PROJECTS FUND						
SUBTOTAL						
EXPENDABLE TRUST FUNDS						
SUBTOTAL						
DEBT SERVICE						
SUBTOTAL			-			

Northern Nye County Hospital District
 (Local Government)

SCHEDULE T - TRANSFER RECONCILIATION

TRANSFERS IN				TRANSFERS OUT		
FUND TYPE	FROM FUND	PAGE	AMOUNT	TO FUND	PAGE	AMOUNT
ENTERPRISE FUNDS						
SUBTOTAL						-
INTERNAL SERVICE						
SUBTOTAL						
RESIDUAL EQUITY TRANSFERS						
SUBTOTAL						
TOTAL TRANSFERS			-			-

Northern Nye County Hospital District
 (Local Government)

SCHEDULE T - TRANSFER RECONCILIATION

LOBBYING EXPENSE ESTIMATE

Pursuant to NRS 354.600 (3), **each** (emphasis added) local government budget must obtain a separate statement of anticipated expenses relating to activities designed to influence the passage or defeat of legislation in an upcoming legislative session.

Nevada Legislature: 78th Session; February 2, 2015 to June 1, 2015

1. Activity: _____

2. Funding Source: _____

3. Transportation \$ _____

4. Lodging and meals \$ _____

5. Salaries and Wages \$ _____

6. Compensation to lobbyists \$ _____

7. Entertainment \$ _____

8. Supplies, equipment & facilities; other personnel and services spent in Carson City \$ _____

Total **\$ _____ -**

Entity: Northern Nye County Hospital District

Budget Year 2015-2016

**Schedule of Existing Contracts
Budget Year 2012-2013**

Local Government: Northern Nye County Hospital District
Contact: Amy Fanning
E-mail Address: afanning@co.nye.nv.us
Daytime Telephone: 775-751-7091

Total Number of Existing Contracts: 0

Line	Vendor	Effective Date of Contract	Termination Date of Contract	Proposed Expenditure FY 2015-2016	Proposed Expenditure FY 2016-2017	Reason or need for contract:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	Total Proposed Expenditures					

Additional Explanations (Reference Line Number and Vendor):