PLEASE NOTE: The Board of Equalization will start on May 4, but will continue to May 5 & 6 only if necessary.

I. ROLL CALL

II. HEARING OF APPELLANTS

Supplemental Information – Applications for Exemption and Assessment Notices
a. 001.221.05A NSHC Page 2
b. 001.201.05 NSHC Page 6
c. 001.131.01A NSHC Page 10
d. 001.115.01 NSHC Page 14
e. 001.241.54 NSHC Page 18
f. 001.211.03A NSHC Page 22

III. ADJOURNMENT

17.20.050 Appeals.
(a) Any alleged error in valuation not adjusted by the assessor to the taxpayer’s satisfaction may be appealed to the board of equalization in accordance with the procedures set forth in Alaska Statutes.

17.20.060 Board of equalization.
The city council shall sit as a board of equalization for the purpose of hearing any appeal from determinations of the assessor. Except as otherwise provided in this chapter the board shall be governed in its proceedings by the general rules of city council business regarding quorum and voting requirements, and by the general rules of administrative law applicable in the state of Alaska. (Ord. O-93-6-6 § 1 (part), 1994)

17.20.070 Hearing.
(a) The appellant shall bear the burden of proof of an alleged error in an exemption determination. The only grounds for adjustment is proof based on facts which are stated in a valid written appeal timely filed or proved at the hearing.
2022 APPLICATION FOR MUNICIPAL TAX EXEMPTION

GENERAL INFORMATION:

- The applicant must file this application no later than February 1 of the assessment year for which the exemption is sought.
- A separate application must be filed for each legally described lot or parcel of real property.
- The City Clerk as local assessor may at any time require additional information and proof, in whatever form he or she considers necessary, or the legal right and the amount of the exemption claimed.
- The applicant shall have the burden of establishing eligibility for an exemption, and the exemption ordinance and statutes shall be strictly construed in favor of taxation.
- Copies of the State statute (29.45.030) and Nome Code of Ordinances (17.10 – 17.30) pertaining to exemptions are available at Nome City Hall upon request.

1. Applicant: Norton Sound Health Corporation  
   Phone: 443-3337  
   Address: P.O. Box 966  
   City: Nome  
   State: AK

   HAVE YOU PREVIOUSLY APPLIED FOR TAX EXEMPTION?  
   YES ☒ NO ☐

   HAVE YOU BEEN DENIED FOR EXEMPTION IN THE PAST?  
   YES ☐ NO ☒

   HAVE YOU BEEN PARTIALLY EXEMPTED IN THE PAST?  
   YES ☐ NO ☒

2. Type of Exemption Requested:  
   REAL PROPERTY ☒ PERSONAL PROPERTY ☒

3. Legal Description Real Property or Personal Property Claimed for Exemption & Tax Lot Number (one parcel per application):  
   Block 91 Lot 3 + 4 001.221.05A

4. Basis for Exemption Requested: AS 29.45.030 (a)(3), Hospital and Charitable Activities

5. For each parcel of land or item of personal property claimed exempt, describe each and every use and activity during the entire calendar year preceding the year for this requested exemption:  
   See attached

   (Attach additional pages of description as necessary)

6. If any person or entity other than the applicant claims any legal or equitable interest in the property described above, please:  
   (a) Identify by full legal name and address each such person or entity, and describe the affiliation or interest claimed by each such person or entity (i.e. lessee, lessor, landlord, tenant, mortgagor, mortgagee, secured creditor, partner, joint venturer, parent or subsidiary corporation, tenancy by entirety or tenancy in common, franchisee, etc.):  
   
   N/A

   (Attach additional pages of description as necessary)

   (b) Describe all uses and activities conducted on or with the property claimed for exemption, by the person or entity identified above as affiliated or interested:  
   
   N/A

7. If the property claimed for exemption generated revenues or in-kind benefits of any nature (including donations, contributions, custodial services, or contributions to utility services), please:  
   (a) Describe all uses and activities conducted on or with the property claimed exempt, by each and every person or entity contributing cash revenues or in-kind benefits of any nature:  
   
   N/A; See answer to #5 above
2022 Application for Municipal Tax Exemption

Norton Sound Health Corporation
PO Box 966
Nome, AK 99762

Re: 7 Plex

Legal Description: Block 91 Lot 3 & 4, 001.221.05A

5) This property houses hospital employees, including doctors and nurses. It also houses visiting doctors and nurses from various agencies, these are referred to as Contract Labor or locums. Housing is necessary and directly incidental to the operation of the hospital-without housing the hospital could not sufficiently staff and support its operations to provide essential healthcare. Direct hire NSHC employees staying in this property are taxed for a period of 30 days and then charged rent. The rent charged does not include costs such as maintenance, snow removal, insurance, or depreciation. Rent is not charged to visiting essential workers (contract labor or locums); NSHC does not intend to make a profit from utilization of this property and does not in fact generate a profit from use of the property as housing.

Housing of Staff not Exempt use

Noye Vitaly necessary for Exempt use

See City of Nome v Catholic Bishop
1985
(b) Identify by full legal name and address each and every person or entity contributing cash revenues or in-kind benefits of any nature: 

(Attach additional pages of description as necessary)

(c) Describe in detail the amount of cash revenues and/or the precise nature and frequency of in-kind benefits received during the entire calendar year preceding the year for this requested exemption, from all persons and entities having use of or conducting any activity on or with the property claimed for exemption:

8. If at any time during the entire calendar year preceding the year for this requested exemption, the property has been used for purposes other than legally exempt activities or uses, please provide precise quantification of space and time for each identified purpose or use:

None

9. Please include additional pages to describe, where applicable, the specific nature and extent of any claimed “Religious”, “Charitable”, or “Educational” purposes, the specific portions of real property “Exclusively” or “ Solely” used for such purposes, any and all uses of clergy residences, leasing and rental arrangements, and any other matters pertaining to location, quantification and uses of the property claimed for exemption.

DATED this 27 day of January Year 2022

Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

Norton Sound Health Corporation

APPLICANT

Angie Goen, CEO

PREPARER

STATE OF ALASKA )

)(

SECOND JUDICIAL DISTRICT )

SUBSCRIBED AND SWORN to or affirmed before me at Nome, Alaska On this 27 day of Jan., 2022

NOTARY PUBLIC IN AND FOR THE STATE OF ALASKA
My Commission Expires Jan 5, 2024

City Clerk Use Only:

Received No.

Issued: Denied:
**2022 ASSESSMENT NOTICE**

NORTON SOUND HEALTH CORP  
PO BOX 966  
NOME, AK 99762

This is NOT a Tax Bill.  
It is a notification of the value of property pursuant to  
Alaska Statute 29.45.170, owned by you or in your  
control as of January 1, 2022 and subject to City  
property tax. Your bill will be determined by the mill  
rate, which is set by the City Council at their regular  
meeting on the fourth Monday of May 2022.

<table>
<thead>
<tr>
<th>Property Address</th>
<th>Parcel Number</th>
<th>Date Of Mailing</th>
<th>Appeal Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>117 W 5TH AVE APTS 101-201</td>
<td>001.221.05A</td>
<td>3/25/2022</td>
<td>4/24/2022</td>
</tr>
</tbody>
</table>

**Legal Description**

Lot Size: 14000 SF; Lot: 3-4; BLK: 91; Subdivision: NOME TOWNSITE; District: Nome - 201

**Current Assessment**

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Improvement</th>
<th>Total Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td>$69,300</td>
<td>$828,800</td>
<td>$898,100</td>
</tr>
<tr>
<td><strong>Exemptions</strong></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Taxable Value</strong></td>
<td>$69,300</td>
<td>$828,800</td>
<td>$898,100</td>
</tr>
</tbody>
</table>

For tax year 2022 the first one-half installment of the tax is due on or before August 1 and will be delinquent on August 2. The second half installment of the tax is due on or before October 31 and will be delinquent on November 1. Payment must be received by the City of Nome on or prior to the due date to be considered timely. If the first installment is not paid in full by the due date, the unpaid balance of that installment becomes delinquent and penalty, interest and costs accrue. A penalty of 9% on the unpaid balance of the tax installment will be added to the delinquent balance. Interest at 8% per annum shall accrue on the unpaid balance of delinquent taxes from the due date until paid in full.

A person whose name appears as the owner of record on the assessment notice or his agent or assigns may appeal to the Board of Equalization for relief from an alleged error in the above stated valuation. Written appeals must be submitted to and received at the City Clerk’s Office within thirty (30) days after the date of this mailing. The final date for appeal is thirty (30) days after postmark of this notice. (NCO 17.20.050; AS 29.45.190). The Board of Equalization will meet May 4, 5, & 6 as needed.

Please submit your written appeal to the City Clerk’s Office at City Hall or send to PO Box 281 Nome AK 99762 or send via email to bhammond@nomealaska.org. Please Contact the Clerk’s Office with any questions.
GENERAL INFORMATION:

- The applicant must file this application no later than February 1 of the assessment year for which the exemption is sought.
- A separate application must be filed for each legally described lot or parcel of real property.
- The City Clerk as local assessor may at any time require additional information and proof, in whatever form he or she considers necessary, or the legal right and the amount of the exemption claimed.
- The applicant shall have the burden of establishing eligibility for an exemption, and the exemption ordinance and statutes shall be strictly construed in favor of taxation.
- Copies of the State statute (29.45.030) and Nome Code of Ordinances (17.10 – 17.30) pertaining to exemptions are available at Nome City Hall upon request.

1. Applicant: Norton Sound Health Corporation  Phone: 443-3337

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 966</td>
<td>Nome</td>
<td>AK</td>
</tr>
</tbody>
</table>

2. Type of Exemption Requested:

- REAL PROPERTY
- PERSONAL PROPERTY

3. Legal Description Real Property or Personal Property Claimed for Exemption & Tax Lot Number (one parcel per application):

   Block 127  Lot 7A  001.201.05

4. Basis for Exemption Requested: AS 29.45.030 (a)(3), Hospital

5. For each parcel of land or item of personal property claimed exempt, describe each and every use and activity during the entire calendar year preceding the year for this requested exemption:

   See attached

   (Attach additional pages of description as necessary)

6. If any person or entity other than the applicant claims any legal or equitable interest in the property described above, please:

   (a) Identify by full legal name and address each such person or entity, and describe the affiliation or interest claimed by each such person or entity (i.e. lessor, lessee, landlord, tenant, mortgagor, mortgagee, secured creditor, partner, joint venturer, parent or subsidiary corporation, tenancy by entirety or tenancy in common, franchisee, etc.):

      N/A

   (Attach additional pages of description as necessary)

   (b) Describe all uses and activities conducted on or with the property claimed for exemption, by the person or entity identified above as affiliated or interested:

      N/A

7. If the property claimed for exemption generated revenues or in-kind benefits of any nature (including donations, contributions, custodial services, or contributions to utility services), please:

   (a) Describe all uses and activities conducted on or with the property claimed exempt, by each and every person or entity contributing cash revenues or in-kind benefits of any nature:

      N/A, See answer to #5 above.
2022 Application for Municipal Tax Exemption

Norton Sound Health Corporation
PO Box 966
Nome, AK 99762

Re: West Campus

Legal Description: Block 127 Lot 7A 001.201.05

5) Storage of essential equipment and supplies for operations of hospital. Storage is necessary and incidental to operation of the hospital and integral support. There is no other utilization

- Blue - Paint, clean, Maintenance, Plumbing, Staff
- Yellow - Santry Vehicles
- Records required to be maintained
- HR, HIPAA Staff
- General work, workshops, trainings held sometimes

Not exempt use
Not vitally necessary

Except use of non-exempt space doesn't make exempt
8. If at any time during the entire calendar year preceding the year for this requested exemption, the property has been used for purposes other than legally exempt activities or uses, please provide precise quantification of space and time for each identified purpose or use:

None

9. Please include additional pages to describe, where applicable, the specific nature and extent of any claimed ‘Religious’, ‘Charitable’, or ‘Educational’ purposes, the specific portions of real property ‘Exclusively’ or ‘Solely’ used for such purposes, any and all uses of clergy residences, leasing and rental arrangements, and any other matters pertaining to location, quantification and uses of the property claimed for exemption.

DATED this 27th day of January, Year 2022.

Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

[Signature]
APPLICANT

[Signature]
PREPARED

STATE OF ALASKA
SECOND JUDICIAL DISTRICT

SUBSCRIBED AND SWORN to or affirmed before me at Nome, Alaska on this 27th day of January, 2022.

[Signature]
NOTARY PUBLIC IN AND FOR THE STATE OF ALASKA
My Commission Expires Jan 5, 2026

City Clerk Use Only:
Received  No.
Issued:  Denied:
This is NOT a Tax Bill. It is a notification of the value of property pursuant to Alaska Statute 29.45.170, owned by you or in your control as of January 1, 2022 and subject to City property tax. Your bill will be determined by the mill rate, which is set by the City Council at their regular meeting on the fourth Monday of May 2022.

<table>
<thead>
<tr>
<th>Property Address</th>
<th>Parcel Number</th>
<th>Date Of Mailing</th>
<th>Appeal Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>W 6TH AVE</td>
<td>001.201.05</td>
<td>3/25/2022</td>
<td>4/24/2022</td>
</tr>
</tbody>
</table>

**Legal Description**

Lot Size: 52436 SF; Lot: 7A; BLK: 127; Subdivision: NOME TOWNSITE; Plat#: 96-02; District: Nome - 201

**Current Assessment**

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Improvement</th>
<th>Total Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td>$288,400</td>
<td>$1,204,600</td>
<td>$1,493,000</td>
</tr>
<tr>
<td><strong>Exemptions</strong></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
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<td><strong>Taxable Value</strong></td>
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Please submit your written appeal to the City Clerk’s Office at City Hall or send to PO Box 281 Nome AK 99762 or send via email to bhammond@nomealaska.org. Please Contact the Clerk’s Office with any questions.
2022 APPLICATION FOR MUNICIPAL TAX EXEMPTION

GENERAL INFORMATION:

➢ The applicant must file this application no later than February 1 of the assessment year for which the exemption is sought.
➢ A separate application must be filed for each legally described lot or parcel of real property.
➢ The City Clerk as local assessor may at any time require additional information and proof, in whatever form he or she considers necessary, or the legal right and the amount of the exemption claimed.
➢ The applicant shall have the burden of establishing eligibility for an exemption, and the exemption ordinance and statutes shall be strictly construed in favor of taxation.
➢ Copies of the State statute (29.45.030) and Nome Code of ordinances (17.10 – 17.30) pertaining to exemptions are available at Nome City Hall upon request.

1. Applicant: Norton Sound Health Corporation, Phone: 443-3337
   Address: PO Box 966, City Nome, State AK

   HAVE YOU PREVIOUSLY APPLIED FOR TAX EXEMPTION? YES NO
   HAVE YOU BEEN DENIED FOR EXEMPTION IN THE PAST? YES NO
   HAVE YOU BEEN PARTIALLY EXEMPTED IN THE PAST? YES NO

2. Type of Exemption Requested:
   REAL PROPERTY X    PERSONAL PROPERTY X

3. Legal Description Real Property or Personal Property Claimed for Exemption & Tax Lot Number (one parcel per application):
   Block 33 Lot 19 001.131.01A

4. Basis for Exemption Requested: AS 29.45.030(a)(3) Hospital and Charitable Activities

5. For each parcel of land or item of personal property claimed exempt, describe each and every use and activity during the entire calendar year preceding the year for this requested exemption:
   See attached

   (Attach additional pages of description as necessary)

6. If any person or entity other than the applicant claims any legal or equitable interest in the property described above, please:
   (a) Identify by full legal name and address each such person or entity, and describe the affiliation or interest claimed by each such person or entity (i.e. lessor, lessee, landlord, tenant, mortgagor, mortgagee, secured creditor, partner, joint venturer, parent or subsidiary corporation, tenancy by entirety or tenancy in common, franchisee, etc.):
   N/A

   (Attach additional pages of description as necessary)

   (b) Describe all uses and activities conducted on or with the property claimed for exemption, by the person or entity identified above as affiliated or interested:
   N/A

7. If the property claimed for exemption generated revenues or in-kind benefits of any nature (including donations, contributions, custodial services, or contributions to utility services), please:
   (a) Describe all uses and activities conducted on or with the property claimed exempt, by each and every person or entity contributing cash revenues or in-kind benefits of any nature:
   See answer to #5 above.
2022 Application for Municipal Tax Exemption

Norton Sound Health Corporation
PO Box 966
Nome, AK 99762

Re: Kusqii House

Legal Description: Block 33 Lot 19, 001.131.01A

5) This property houses Village based clinic employees, including doctors, nurses, health aid trainees and regional EMS and EMT’s. Occasionally, it also houses visiting doctors and nurses from various agencies, these are referred to as Contract Labor or locums. Housing is necessary and directly incidental to the operation of the hospital, without housing the hospital and regional clinics could not sufficiently staff and support its operations to provide essential healthcare in the region. Rent is not charged to any employee staying at this location.

Rent cannot be charged, due to Conveyance

Housing not exempt use, nor
Vitaly necessary to "Exclusive Hospital Use"
Item C.

(b) Identify by full legal name and address each and every person or entity contributing cash revenues or in-kind benefits of any nature:

______________________________

(c) Describe in detail the amount of cash revenues and/or the precise nature and frequency of in-kind benefits received during the entire calendar year preceding the year for this requested exemption, from all persons and entities having use of or conducting any activity on or with the property claimed for exemption:

______________________________

8. If at any time during the entire calendar year preceding the year for this requested exemption, the property has been used for purposes other than legally exempt activities or uses, please provide precise quantification of space and time for each identified purpose or use:

none

9. Please include additional pages to describe, where applicable, the specific nature and extent of any claimed "Religious", "Charitable", or "Educational" purposes, the specific portions of real property "Exclusively" or "Solely" used for such purposes, any and all uses of clergy residences, leasing and rental arrangements, and any other matters pertaining to location, quantification and uses of the property claimed for exemption.

DATED this 27 day of January, Year 2022.

Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

Norton Sound Health Corporation

Applicant

Angie Bone, CEO

Preparer

STATE OF ALASKA  

SECOND JUDICIAL DISTRICT  

SUBSCRIBED AND SWORN to or affirmed before me at Nome, Alaska.

On this 27 day of Jan., 2022.

Notary Public in and for the State of Alaska

My Commission Expires Jan 5, 2026

City Clerk Use Only:

Received: No.

Issued: Denied:
## Property Address

<table>
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<tr>
<th>Property Address</th>
<th>Parcel Number</th>
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</thead>
<tbody>
<tr>
<td>711 E 3RD AVE APTS A-C</td>
<td>001.131.01A</td>
<td>3/25/2022</td>
<td>4/24/2022</td>
</tr>
</tbody>
</table>

## Legal Description

Lot Size: 4950 SF; Lot: 19; BLK: 33; Subdivision: NOME TOWNSITE; District: Nome - 201

## Current Assessment

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Improvement</th>
<th>Total Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td>$27,200</td>
<td>$425,100</td>
<td>$452,300</td>
</tr>
<tr>
<td><strong>Exemptions</strong></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

**Taxable Value**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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Please submit your written appeal to the City Clerk’s Office at City Hall or send to PO Box 281 Nome AK 99762 or send via email to bhammond@nomealaska.org. Please Contact the Clerk’s Office with any questions.
CITY OF Nome, ALASKA
Office of the City Clerk
P.O. Box 281 - 102 Division Street
Nome, Alaska 99762
(907) 443-6663  (907) 443-5345 fax

2022 APPLICATION FOR MUNICIPAL TAX EXEMPTION

GENERAL INFORMATION:

➢ The applicant must file this application no later than February 1 of the assessment year for which the exemption is sought.
➢ A separate application must be filed for each legally described lot or parcel of real property.
➢ The City Clerk as local assessor may at any time require additional information and proof, in whatever form he or she considers necessary, or the legal right and the amount of the exemption claimed.
➢ The applicant shall have the burden of establishing eligibility for an exemption, and the exemption ordinance and statutes shall be strictly construed in favor of taxation.
➢ Copies of the State statute (29.45.030) and Nome Code of Ordinances (17.10 - 17.30) pertaining to exemptions are available at Nome City Hall upon request.

1. Applicant: Norton Sound Health Corporation  Phone: 443-3337
   Address P.O. Box 966
   HAVE YOU PREVIOUSLY APPLIED FOR TAX EXEMPTION? YES NO
   City Nome State AK
   HAVE YOU BEEN DENIED FOR EXEMPTION IN THE PAST? YES NO
   HAVE YOU BEEN PARTIALLY EXEMPTED IN THE PAST? YES NO

2. Type of Exemption Requested:
   - REAL PROPERTY X
   - PERSONAL PROPERTY X

3. Legal Description Real Property or Personal Property Claimed for Exemption & Tax Lot Number (one parcel per application):
   NSHC Patient Hostel, Wellness Center and Operations Buildings,
   Block 116 Lot 1A 001.115.01


5. For each parcel of land or item of personal property claimed exempt, describe each and every use and activity during the entire calendar year preceding the year for this requested exemption:
   See attached

6. If any person or entity other than the applicant claims any legal or equitable interest in the property described above, please:
   (a) Identify by full legal name and address each such person or entity, and describe the affiliation or interest claimed by each such person or entity (i.e. lessor, lessee, landlord, tenant, mortgagor, mortgagee, secured creditor, partner, joint venturer, parent or subsidiary corporation, tenancy by entirely or tenancy in common, franchisee, etc.):

   N/A

   (Attach additional pages of description as necessary)

   (b) Describe all uses and activities conducted on or with the property claimed for exemption, by the person or entity identified above as affiliated or interested:

   N/A

   (Attach additional pages of description as necessary)

7. If the property claimed for exemption generated revenues or in-kind benefits of any nature (including donations, contributions, custodial services, or contributions to utility services), please:
   (a) Describe all uses and activities conducted on or with the property claimed exempt, by each and every person or entity contributing cash revenues or in-kind benefits of any nature:

   See answer to 4 above.
2022 Application for Municipal Tax Exemption

Norton Sound Health Corporation
PO Box 966
Nome, AK 99762

Re: NSHC Patient Hostel, Wellness Center and Operations Buildings

Legal Description: Block 116 Lot 1A 001.115.01

4) AS 29.45.030 (a) (3), Hospital and charitable purposes.

5) Patient Hostel houses patients currently undergoing medical treatment and necessary to effective care. Wellness Center is adjacent to the Patient Hostel and is the location for Behavioral Health Services, Tribal Healing and Wellness Services, the Day Shelter, and Regional Training for EMS/EMT courses and Health Aides. Includes space for the Sobering Center/ Social Detoxification Services. The activities in these buildings are part of the licensed operations of the hospital for the provision of continuum of care services.

Operations building is occupied by staff for the Maintenance, Sanitation and Corporate Housing departments. This building is vital to servicing NSHC Nome and Village Clinic operations for delivering healthcare in the region. In addition, the Operations building is one of two main COVID-19 testing sites in Nome.
(b) Identify by full legal name and address each and every person or entity contributing cash revenues or in-kind benefits of any nature:

(Attach additional pages of description as necessary)

(c) Describe in detail the amount of cash revenues and/or the precise nature and frequency of in-kind benefits received during the entire calendar year preceding the year for this requested exemption, from all persons and entities having use of or conducting any activity on or with the property claimed for exemption:

8. If at any time during the entire calendar year preceding the year for this requested exemption, the property has been used for purposes other than legally exempt activities or uses, please provide precise quantification of space and time for each identified purpose or use:

None

9. Please include additional pages to describe, where applicable, the specific nature and extent of any claimed “Religious”, “Charitable”, or “Educational” purposes, the specific portions of real property “Exclusively” or “ Solely” used for such purposes, any and all uses of clergy residences, leasing and rental arrangements, and any other matters pertaining to location, quantification and uses of the property claimed for exemption.

DATED this 27 day of January, Year 2022.

Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

Norton Sound Healthcare Corporation

APPLICANT

Angie Gore, CEO

PREPARED

STATE OF ALASKA

SECOND JUDICIAL DISTRICT

SUBSCRIBED AND SWORN to or affirmed before me at Nome, Alaska, on this 17 day of January, 2022.

Meredith Ahmasuk
NOTARY PUBLIC IN AND FOR THE STATE OF ALASKA
My Commission Expires Jan. 5, 2026

City Clerk Use Only:

Received ______________  No. ____________

Issued: ______________ Denied: ______________
This is NOT a Tax Bill.

It is a notification of the value of property pursuant to Alaska Statute 29.45.170, owned by you or in your control as of January 1, 2022 and subject to City property tax. Your bill will be determined by the mill rate, which is set by the City Council at their regular meeting on the fourth Monday of May 2022.

City of Nome
PO Box 281 Nome, AK 99762
Phone #: (907) 443-6663  Fax#: (907) 443-5345

---

### Property Address

<table>
<thead>
<tr>
<th>Property Address</th>
<th>Parcel Number</th>
<th>Date Of Mailing</th>
<th>Appeal Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>704 E N ST</td>
<td>001.115.01</td>
<td>3/25/2022</td>
<td>4/24/2022</td>
</tr>
</tbody>
</table>

### Legal Description

Lot Size: 287123 SF; Lot: 1A; BLK: 116; Subdivision: NOME TOWNSITE; Plat#: 2017-21; District: Nome - 201

### Current Assessment

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Improvement</th>
<th>Total Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>$1,105,400</td>
<td>$43,233,400</td>
<td>$44,338,800</td>
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<tr>
<td>Exemptions NP-Hospital</td>
<td>-$41,514,900</td>
<td></td>
<td>-$41,514,900</td>
</tr>
<tr>
<td>Taxable Value</td>
<td>$1,105,400</td>
<td>$1,718,500</td>
<td>$2,823,900</td>
</tr>
</tbody>
</table>

For tax year 2022 the first one-half installment of the tax is due on or before August 1 and will be delinquent on August 2. The second half installment of the tax is due on or before October 31 and will be delinquent on November 1. Payment must be received by the City of Nome on or prior to the due date to be considered timely. If the first installment is not paid in full by the due date, the unpaid balance of that installment becomes delinquent and penalty, interest and costs accrue. A penalty of 9% on the unpaid balance of the tax installment will be added to the delinquent balance. Interest at 8% per annum shall accrue on the unpaid balance of delinquent taxes from the due date until paid in full.

A person whose name appears as the owner of record on the assessment notice or his agent or assigns may appeal to the Board of Equalization for relief from an alleged error in the above stated valuation. Written appeals must be submitted to and received at the City Clerk’s Office within thirty (30) days after the date of this mailing. The final date for appeal is thirty (30) days after postmark of this notice. (NCO 17.20.050; AS 29.45.190). The Board of Equalization will meet May 4, 5, & 6 as needed.

Please submit your written appeal to the City Clerk’s Office at City Hall or send to PO Box 281 Nome AK 99762 or send via email to bhammond@nomealaska.org. Please Contact the Clerk’s Office with any questions.
CITY OF NOME, ALASKA
Office of the City Clerk
P.O. Box 281 – 102 Division Street
Nome, Alaska 99762
(907)443-6663  (907)443-5345 fax

2022 APPLICATION FOR MUNICIPAL TAX EXEMPTION

GENERAL INFORMATION:
➤ The applicant must file this application no later than February 1 of the assessment year for which the exemption is sought.
➤ A separate application must be filed for each legally described lot or parcel of real property.
➤ The City Clerk as local assessor may at any time require additional information and proof, in whatever form he or she considers necessary, or the legal right and the amount of the exemption claimed.
➤ The applicant shall have the burden of establishing eligibility for an exemption, and the exemption ordinance and statutes shall be strictly construed in favor of taxation.
➤ Copies of the State statute (29.45.030) and Nome Code of Ordinances (17.10 – 17.30) pertaining to exemptions are available at Nome City Hall upon request.

1. Applicant: Norton Sound Health Corporation, Phone: 443-3337
   Address: PO Box 966
   City: Nome
   State: AK
   Have you previously applied for tax exemption? YES
   Have you been denied for exemption in the past? NO
   Have you been partially exempted in the past? NO

2. Type of Exemption Requested:
   - Real Property
   - Personal Property

3. Legal Description Real Property or Personal Property Claimed for Exemption & Tax Lot Number (one parcel per application):
   Block: 30
   Lot: 66 & 67
   001, 241, 54

4. Basis for Exemption Requested: AS 29.45.030 (a)(3), Hospital and Charitable Purposes

5. For each parcel of land or item of personal property claimed exempt, describe each and every use and activity during the entire calendar year preceding the year for this requested exemption:
   See attached

6. If any person or entity other than the applicant claims any legal or equitable interest in the property described above, please:
   (a) Identify by full legal name and address each such person or entity, and describe the affiliation or interest claimed by each such person or entity (i.e. lessor, lessee, landlord, tenant, mortgagor, mortgagee, secured creditor, partner, joint venturer, parent or subsidiary corporation, tenancy by entirely or tenancy in common, franchisee, etc.):
   N/A

   (Attach additional pages of description as necessary)

(b) Describe all uses and activities conducted on or with the property claimed for exemption, by the person or entity identified above as affiliated or interested:
   N/A

   (Attach additional pages of description as necessary)

7. If the property claimed for exemption generated revenues or in-kind benefits of any nature (including donations, contributions, custodial services, or contributions to utility services), please:
   (a) Describe all uses and activities conducted on or with the property claimed exempt, by each and every person or entity contributing cash revenues or in-kind benefits of any nature:
   N/A. See answer to #5 above
2022 Application for Municipal Tax Exemption

Norton Sound Health Corporation
PO Box 966
Nome, AK 99762

Re: BIA Building

Legal Description: Block 30 Lot 66 & 67 001.241.54

5) Office space used exclusively by Norton Sound Health Corporation. Also, serves as the backup classroom for training EMS and EMT's for the Norton Sound Region.

Vacant

No Exempt use
as of January 1, 2022
Vacant - NHTC seeking
to unload

Steps not shoveled at snow?
(b) Identify by full legal name and address each and every person or entity contributing cash revenues or in-kind benefits of any nature:

(Attach additional pages of description as necessary)

(c) Describe in detail the amount of cash revenues and/or the precise nature and frequency of in-kind benefits received during the entire calendar year preceding the year for this requested exemption, from all persons and entities having use of or conducting any activity on or with the property claimed for exemption:

(Attach additional pages of description as necessary)

8. If at any time during the entire calendar year preceding the year for this requested exemption, the property has been used for purposes other than legally exempt activities or uses, please provide precise quantification of space and time for each identified purpose or use:

none

9. Please include additional pages to describe, where applicable, the specific nature and extent of any claimed “Religious”, “Charitable”, or “Educational” purposes, the specific portions of real property “Exclusively” or “ Solely” used for such purposes, any and all uses of clergy residences, leasing and rental arrangements, and any other matters pertaining to location, quantification and uses of the property claimed for exemption.

DATED this 27 day of January Year 2022.

Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

Applicant:

[Signature]

Preparer:

[Signature]

STATE OF ALASKA)

SECOND JUDICIAL DISTRICT)

SUBSCRIBED AND SWORN to or affirmed before me at Nome, Alaska on this 27 day of Jan., 2022.

[Signature]

NOTARY PUBLIC IN AND FOR THE STATE OF ALASKA
My Commission Expires Jan. 5, 2026

City Clerk Use Only:

Received __________ No. __________

Issued: Denied:
This is NOT a Tax Bill. It is a notification of the value of property pursuant to Alaska Statute 29.45.170, owned by you or in your control as of January 1, 2022 and subject to City property tax. Your bill will be determined by the mill rate, which is set by the City Council at their regular meeting on the fourth Monday of May 2022.

<table>
<thead>
<tr>
<th>Property Address</th>
<th>Parcel Number</th>
<th>Date Of Mailing</th>
<th>Appeal Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 W 1ST AVE</td>
<td>001.241.54</td>
<td>3/25/2022</td>
<td>4/24/2022</td>
</tr>
</tbody>
</table>

**Legal Description**

Lot Size: 6863 SF; Lot: 66; BLK: 30; Subdivision: NOME TOWNSITE; District: Nome - 201

**Current Assessment**

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Improvement</th>
<th>Total Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td>$37,700</td>
<td>$417,800</td>
<td>$455,500</td>
</tr>
<tr>
<td><strong>Exemptions</strong></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

**Taxable Value**

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A person whose name appears as the owner of record on the assessment notice or his agent or assigns may appeal to the Board of Equalization for relief from an alleged error in the above stated valuation. Written appeals must be submitted to and received at the City Clerk’s Office within thirty (30) days after the date of this mailing. The final date for appeal is thirty (30) days after postmark of this notice. (NCO 17.20.050; AS 29.45.190). The Board of Equalization will meet May 4, 5, & 6 as needed.

Please submit your written appeal to the City Clerk’s Office at City Hall or send to PO Box 281 Nome AK 99762 or send via email to bhammond@nomealaska.org. Please Contact the Clerk’s Office with any questions.
CITY OF NOME, ALASKA
Office of the City Clerk
P.O. Box 281 – 102 Division Street
Nome, Alaska 99762
(907)443-6663 (907)443-5345 fax

2022 APPLICATION FOR MUNICIPAL TAX EXEMPTION

GENERAL INFORMATION:
> The applicant must file this application no later than February 1 of the assessment year for
which the exemption is sought.
> A separate application must be filed for each legally described lot or parcel of real property.
> The City Clerk as local assessor may at any time require additional information and proof, in
whatever form he or she considers necessary, or the legal right and the amount of the
exemption claimed.
> The applicant shall have the burden of establishing eligibility for an exemption, and the
exemption ordinance and statutes shall be strictly construed in favor of taxation.
> Copies of the State statute (29.45.030) and Nome Code of Ordinances (17.10 – 17.30)
pertaining to exemptions are available at Nome City Hall upon request.

1. Applicant: Norton Sound Health Corporation Phone: 443-3337

Address PO Box 966 City Nome State AK

HAVE YOU PREVIOUSLY APPLIED FOR TAX EXEMPTION?
YES NO

HAVE YOU BEEN DENIED FOR EXEMPTION IN THE PAST?
YES NO

HAVE YOU BEEN PARTIALLY EXEMPTED IN THE PAST?
YES NO

2. Type of Exemption Requested:

REAL PROPERTY X PERSONAL PROPERTY X

3. Legal Description Real Property or Personal Property Claimed for Exemption & Tax Lot
Number (one parcel per application):

Block 110 Lot 1-2 001.211.03A

4. Basis for Exemption Requested: AS 29.45.030 (a)(3), Hospital

5. For each parcel of land or item of personal property claimed exempt, describe each and
every use and activity during the entire calendar year preceding the year for this requested
exemption:

See attached

6. If any person or entity other than the applicant claims any legal or equitable interest in the
property described above, please:

(a) Identify by full legal name and address each such person or entity, and describe the
affiliation or interest claimed by each such person or entity (i.e. lessor, lessee, landlord,
tenant, mortgagee, mortgagee, secured creditor, partner, joint venturer, parent or subsidiary
corporation, tenancy by entire or tenancy in common, franchisee, etc.):

N/A

(b) Describe all uses and activities conducted on or with the property claimed for exemption, by
the person or entity identified above as affiliated or interested:

N/A

7. If the property claimed for exemption generated revenues or in-kind benefits of any nature
(including donations, contributions, custodial services, or contributions to utility services),
please:

(a) Describe all uses and activities conducted on or with the property claimed exempt, by each
and every person or entity contributing cash revenues or in-kind benefits of any nature:

N/A, See answer to #5 above
5) Storage of essential equipment and supplies for operations of hospital. Storage is necessary and incidental to operation of the hospital and integral support. There is no other utilization of the property.

Storage of files

HR
HIPAA not yet migrated

Paint, doors, Building Maintenance Staff
plumbing Staff - not vitally necessary

Not "exclusive hospital use"

Vitally necessary?
Kigs Lake Camp referred to main property
Not "Satellite properties"; but HR Retention?
(b) Identify by full legal name and address each and every person or entity contributing cash revenues or in-kind benefits of any nature:

(Attach additional pages of description as necessary)

(c) Describe in detail the amount of cash revenues and/or the precise nature and frequency of in-kind benefits received during the entire calendar year preceding the year for this requested exemption, from all persons and entities having use of or conducting any activity on or with the property claimed for exemption:

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None

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DATED this ___ day of January, Year 2022.

Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

Applicant

Preparer

STATE OF ALASKA)

SECOND JUDICIAL DISTRICT)

Notary Public

City Clerk Use Only:

Received ___________ No. __________

Issued: Denied:

TAX EXEMPTION APPLICATION FORM
REVISED 03/21
This is NOT a Tax Bill.

It is a notification of the value of property pursuant to Alaska Statute 29.45.170, owned by you or in your control as of January 1, 2022 and subject to City property tax. Your bill will be determined by the mill rate, which is set by the City Council at their regular meeting on the fourth Monday of May 2022.

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<tbody>
<tr>
<td>607 DIVISION ST</td>
<td>001.211.03A</td>
<td>3/25/2022</td>
<td>4/24/2022</td>
</tr>
</tbody>
</table>

**Legal Description**

Lot Size: 14000 SF; Lot: 1-2; BLK: 110; Subdivision: NOME TOWNSITE; District: Nome - 201

**Current Assessment**

<table>
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<tr>
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<th>Land</th>
<th>Improvement</th>
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<tr>
<td>Assessment</td>
<td>$77,000</td>
<td>$1,827,100</td>
<td>$1,904,100</td>
</tr>
<tr>
<td>Exemptions</td>
<td>$0</td>
<td></td>
<td></td>
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