

**Mayor**  
John K. Handeland  
**Manager**  
Glenn Steckman  
**Clerk**  
Bryant Hammond



**Nome City Council**  
Jerald Brown  
Doug Johnson  
Mark Johnson  
Adam Martinson  
Scot Henderson  
M. Sigvanna Tapqaq

102 Division St. ▪ P.O. Box 281  
Nome, Alaska 99762  
Phone (907) 443-6663  
Fax (907) 443-5345

**NOME CITY COUNCIL  
BOARD OF EQUALIZATION – DAY 2  
FRIDAY, MAY 6, 2022 @ 5:30 PM  
CITY COUNCIL CHAMBERS IN CITY HALL**

**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.

## 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

RECEIVED

Item A.

JAN 31 2022

CITY OF NOME  
CLERKS DEPARTMENT

## 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 ☒PERSONAL PROPERTY ☒

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

Block 91 Lot 3 & 4 001.221.05A4. 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:

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  
not vitally necessary for Exempt use  
See City of Nome v Catholic Bishop  
1985

(Attach additional pages of description as necessary)

- (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.

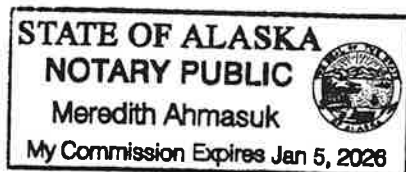
Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

Norton Sound Health Corporation  
APPLICANT

Angie Gorn, CEO  
PREPARER

STATE OF ALASKA )  
 )ss  
SECOND JUDICIAL DISTRICT )

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



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

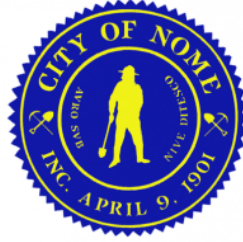
City Clerk Use Only:

Received \_\_\_\_\_ No. \_\_\_\_\_

Issued: \_\_\_\_\_ Denied: \_\_\_\_\_

# 2022 ASSESSMENT NOTICE

Item A.



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.

Property Address	Parcel Number	Date Of Mailing	Appeal Deadline
117 W 5TH AVE APTS 101-201	001.221.05A	3/25/2022	4/24/2022

### Legal Description

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

### Current Assessment

	Land	Improvement	Total Assessment
Assessment	\$69,300	\$828,800	\$898,100
Exemptions			\$0
Taxable Value	\$69,300	\$828,800	\$898,100

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 8% 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](mailto:bhammond@nomealaska.org). Please Contact the Clerk's Office with any questions.**

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

## CITY OF NOME, ALASKA

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P.O. Box 281 – 102 Division Street  
Nome, Alaska 99762  
(907)443-6663 (907)443-5345 fax

RECEIVED

Item B.

JAN 31 2021

## 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 ☒ 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, cars, Maintenance, plumbing stuff  
yellow - Service vehicles  
time clock system, 1<sup>st</sup> place morning  
Records required to be maintained  
HR, HIPAA stuff,

general work, workshops, trainings held Sometimes

Not exempt use  
Not vitally necessary

dominating except  
use of non-exempt  
space doesn't make  
exempt

(Attach additional pages of description as necessary)

- (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.

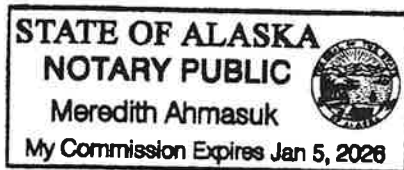
Norton Sound Health Corporation  
APPLICANT

Angie Gorn, CFO  
PREPARER

STATE OF ALASKA )  
SECOND JUDICIAL DISTRICT )ss

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

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



City Clerk Use Only:

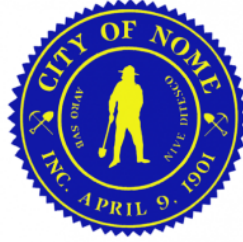
Received \_\_\_\_\_ No. \_\_\_\_\_

Issued: \_\_\_\_\_ Denied: \_\_\_\_\_



# 2022 ASSESSMENT NOTICE

Item B.



NORTON SOUND HEALTH CORP  
PO BOX 966  
NOME, AK 99762

## This is NOT a Tax Bill.

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Property Address	Parcel Number	Date Of Mailing	Appeal Deadline
W 6TH AVE	001.201.05	3/25/2022	4/24/2022

### Legal Description

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

### Current Assessment

	Land	Improvement	Total Assessment
Assessment	\$288,400	\$1,204,600	\$1,493,000
Exemptions			\$0
Taxable Value	\$288,400	\$1,204,600	\$1,493,000

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 8% 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.

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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](mailto:bhammond@nomealaska.org). Please Contact the Clerk's Office with any questions.**

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

## 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

RECEIVED

Item C.

JAN 3 1 2021

CITY OF NOME  
CLERKS DEPARTMENT

## 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.
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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 ☒ PERSONAL PROPERTY ☒

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.):

NIA

(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:

NIA

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"

(Attach additional pages of description as necessary)

- (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

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.

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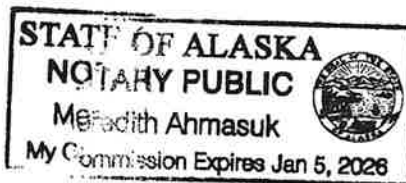
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Norton Sound Health Corporation  
APPLICANT

Angie Gorn, CEO  
PREPARER

STATE OF ALASKA )  
 )ss  
SECOND JUDICIAL DISTRICT )

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Meredith Ahmasuk  
NOTARY PUBLIC IN AND FOR THE STATE OF ALASKA  
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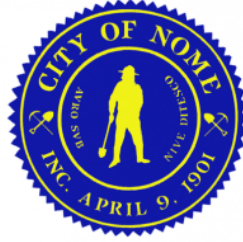
City Clerk Use Only:

Received \_\_\_\_\_ No. \_\_\_\_\_

Issued: \_\_\_\_\_ Denied: \_\_\_\_\_

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Item C.



NORTON SOUND HEALTH CORP  
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Property Address	Parcel Number	Date Of Mailing	Appeal Deadline
711 E 3RD AVE APTS A-C	001.131.01A	3/25/2022	4/24/2022

### Legal Description

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

### Current Assessment

	Land	Improvement	Total Assessment
Assessment	\$27,200	\$425,100	\$452,300
Exemptions			\$0
Taxable Value	\$27,200	\$425,100	<b>\$452,300</b>

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 8% 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.

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Phone #: (907) 443-6663 Fax#: (907) 443-5345

# CITY OF NOME, ALASKA

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RECEIVED

Item D.

JAN 31 2022

CITY OF NOME  
CLERKS DEPARTMENT

## 2022 APPLICATION FOR MUNICIPAL TAX EXEMPTION

### GENERAL INFORMATION:

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

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 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):

NSHC Patient Hostel, Wellness Center and Operations Buildings.  
Block 116 Lot 1A 001.115.01

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

(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

3808

Re: NSHC Patient Hostel, Wellness Center and Operations Buildings

Legal Description: Block 116 Lot 1A 001.115.01

@ January 1 West wing  
COVID-19

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

→ RI

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 ~~seen~~. The activities in these buildings are part of the licensed operations of the hospital for the provision of continuum of care services.

opened

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.

Plan ops - Clinic / Hospital overstock  
Supplies  
Sanitation Stations  
Oral care, Covid  
Supplies  
EVS - Covid  
Mitigation

Px Hostel 38  
Wellness 100%  
Ops 100%

3808  
9924

62% of Com Bldg 1  
as taxable value

(Attach additional pages of description as necessary)

- (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.

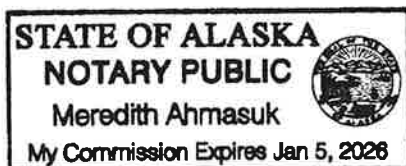
DATED this 27 day of January, Year 2022.

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.

Nocton Sound Health Corporation  
APPLICANT

Ange Gorn, CEO  
PREPARED BY

STATE OF ALASKA )  
SECOND JUDICIAL DISTRICT )ss



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

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

City Clerk Use Only:

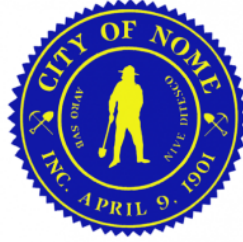
Received \_\_\_\_\_ No. \_\_\_\_\_

Issued: \_\_\_\_\_ Denied: \_\_\_\_\_



# 2022 ASSESSMENT NOTICE

Item D.



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.

Property Address	Parcel Number	Date Of Mailing	Appeal Deadline
704 E N ST	001.115.01	3/25/2022	4/24/2022

### Legal Description

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

### Current Assessment

	Land	Improvement	Total Assessment
<b>Assessment</b>	\$1,105,400	\$43,233,400	\$44,338,800
<b>Exemptions</b> NP-Hospital		\$-41,514,900	\$-41,514,900
<b>Taxable Value</b>	\$1,105,400	\$1,718,500	<b>\$2,823,900</b>

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 8% 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](mailto:bhammond@nomealaska.org). Please Contact the Clerk's Office with any questions.**

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

# 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

RECEIVED

JAN 31 2021

CITY OF NOME  
CLERK'S DEPARTMENT

Item E.

## 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 ☒ 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

(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.):

NIA

(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:

NIA

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:

NIA, 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.

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

Vacant

KT will  
close loop

Steps not shoveled at snow?

(Attach additional pages of description as necessary)

- (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.

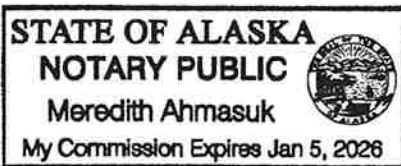
Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

Noon Sound Health Corporation  
APPLICANT

Anne Gorm, CEO  
PREPARER

STATE OF ALASKA )  
 )ss  
SECOND JUDICIAL DISTRICT )

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



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

City Clerk Use Only:

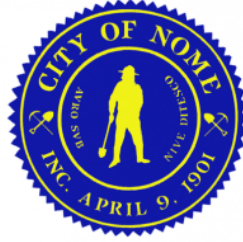
Received \_\_\_\_\_ No. \_\_\_\_\_

Issued:

Denied:

# 2022 ASSESSMENT NOTICE

Item E.



NORTON SOUND HEALTH CORP  
PO BOX 966  
NOME, AK 99762

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Property Address	Parcel Number	Date Of Mailing	Appeal Deadline
200 W 1ST AVE	001.241.54	3/25/2022	4/24/2022

### Legal Description

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

### Current Assessment

	Land	Improvement	Total Assessment
Assessment	\$37,700	\$417,800	\$455,500
Exemptions			\$0
Taxable Value	\$37,700	\$417,800	\$455,500

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 8% 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.

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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](mailto:bhammond@nomealaska.org). Please Contact the Clerk's Office with any questions.**

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

RECEIVED

Item F.

## 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

JAN 31 2020

CITY OF NOME  
CLERK'S DEPARTMENT

## 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 ☒ PERSONAL PROPERTY ☒

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

(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: BHS Building

Legal Description: Block 110 Lot 1-2 001.211.03A

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

Retention Reg'd  
 HR  
 HIPAA not yet migrated

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

Not "exclusive hospital use"

Vitally necessary?

Kings lake camp referred to main property  
 Not Satellite properties; but HR Retention?

(Attach additional pages of description as necessary)

- (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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DATED this 27 day of January, Year 2022.

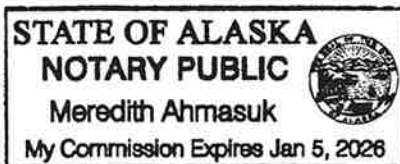
Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

Noelun Sound Health Corporation  
APPLICANT

Ange Gohn, CEO  
PREPARER

STATE OF ALASKA )  
 )ss  
SECOND JUDICIAL DISTRICT )

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



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

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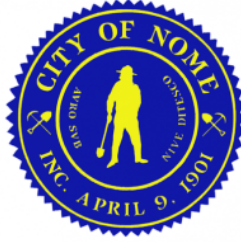
Received \_\_\_\_\_ No. \_\_\_\_\_

Issued: \_\_\_\_\_ Denied: \_\_\_\_\_



# 2022 ASSESSMENT NOTICE

Item F.



NORTON SOUND HEALTH CORP  
PO BOX 966  
NOME, AK 99762

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Property Address	Parcel Number	Date Of Mailing	Appeal Deadline
607 DIVISION ST	001.211.03A	3/25/2022	4/24/2022

### Legal Description

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

### Current Assessment

	Land	Improvement	Total Assessment
Assessment	\$77,000	\$1,827,100	\$1,904,100
Exemptions			\$0
Taxable Value	\$77,000	\$1,827,100	\$1,904,100

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 8% 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.

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