

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
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 & 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: _____

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.

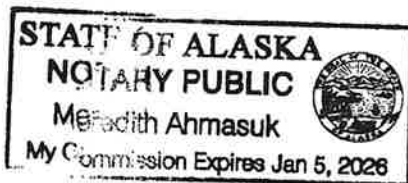
Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

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: