Exemption Applicationfor Tax Exemption on Real and Personal Property by Qualifying Org.

FORM

Assessor			ead instructions		aniying Organiza	.10115	451
	Failure to	properly complete or time	ely file this app	lication will result in	a denial of the exem	ption.	
Name of Organization				County Name		Tax Year	
BRIGHT LIGHTS,	INC.			LANCASTER		2018	
Name of Owner of Propert				State Where Incorporat	ed		
BRIGHT LIGHTS,				NEBRASKA			
Street or Other Mailing Add	dress of Applicant			Total Actual Value of Re	al and Personal Property	Parcel ID, Nu	mber / O 7
5561 SOUTH 48T	H STREET,	SUITE 220		\$ 10,771.00		102	1601
City			Code	Contact Name		Phone Numb	per
LINCOLN	А	NE 685	516 ·	LISA SYPAL		402-420	-1115
Type of Ownership							
Agricultural and Hor	ticultural Society	Educational Organiza	ation	eligious Organization	Charitable Organiza	ation	Cemetery Organization
Name		Title of Officers, Directors, or Partners		Addre	ss, City, State, Zip Cod	de	
SEE ATTACHED	2						
				1			
Legal description of real pro	operty and genera	l description of all depreciable	tangible personal	property, except license	d motor vehicles:		
OFFICE FURNITU	JRE, COMPI	JTER EQUIPMENT,	CAMERA EC	JUDMENT AND	COMPLITED SOF	T\\\\ DE	
	,	oran mann,	O/ IIVILI (/ C L C	ZOII WEIVI, AND	COMI OTEN SOI	IVVANL	
					i i		
							EIVED
Property described above is	s used in the follow	ving exempt category (please	mark the applicab	le boxes):	, 0		
Agricultural and Ho	rticultural Society	X Educational	Religious	X Charitable	Cemetery	DEC	0 0 0017
Give a detailed description	of the of the					DEC.	22 2017
						Mana	h
TO USE IN THE AL	DMINISTRA	TION AND PROGRAI	MS OF BRIG	HT LIGHTS, INC	·. ΙΔ	NUHMA NCASTER C	N H. AGENA DUNTY ASSESSOR/
					۵,	REGISTE	R OF DEEDS
Il organizations, event	for an Agricultu	ral and Horticultural Societ		- 11 11 - 1			
Is all of the property use	d exclusively as d	escribed above?	y, must complet	e the following questi-	ons.		
		ofit to either the owner or own				=	
		le of alcoholic beverages?				⊠ NO	*
If Yes, state the number	er of hours per we	ek				⊠ NO	
Is the property owned or	used by an orgar	ization which discriminates in	membership or er	nployment based on race	e, color,		
or national origin?	naltice of law 1 d	eclare that I have examined th	ia avannatina naut		YES	X NO	
complete. I al	so declare that I a	m duly authorized to sign this	exemption applica	tion.	of my knowledge and belie	it, it is correct	and
sign	Z				e Director	17	19/17
here Authorized	Signature O.	you -			e predor	_	./ 17 / 17
nere · Admonzed	oignature (Title		Date	
ř		Retai	n a copy for	your records.			
		For Count	y Assessor's	Recommendation	1		
×		,					
Approval	tion.	COMMENTS:					
	uon			,			
Denial							
		Signa	ature of County As	sessor		Date	
		For County	Board of Equ	alization Use Onl	V		
I declare t laws of the Sta	hat to the best of ate of Nebraska.	my knowledge and belief, the o	determination mad	le by the County Board o	of Equalization is correct pu	ursuant to the	
Approved		COMMENTS:					
Approval of a Por	tion						
☐ Denied		Signa	ture of County Bo	ard Member		 Date	
		Jigitu				Date	

Exemption Application
for Tax Exemption on Real and Personal Property by Qualifying Organizations
Read Instructions on reverse side.

FORM

451

		Caa mondonons (on reverse side.			
Failure to p	properly complete or tim	ely file this app	lication will result in	a denial of the exem	ption.	
Name of Organization			County Name		Tax Year	
The Catholic Bishop of Lincoln			Lancaster		2018	
Name of Owner of Property			State Where Incorporate	d		
Street or Other Mailing Address of As "			Nebraska			
Street or Other Mailing Address of Applicant			Total Actual Value of Rea	and Personal Property	Parcel ID N	
3400 Sheridan Boulevard	State Zip	Codo	\$ 226,600.00			00-007-000
Lincoln		Code 506	Contact Name	, ,	Phone Num	
Type of Ownership	INE 088	506	Timothy J. Thork	ourn	402-488	5-0921
Agricultural and Horticultural Society	Educational Organiza	ation 🔀 R	eligious Organization	Charitable Organiza	ation	Cemetery Organization
Name	Title of Officers, Directors, or Partners		Addres	s, City, State, Zip Co	de	
James D. Conley	President		dan Blvd., Lincoln,			
Timothy J. Thorburn	Vice-President	3400 Sherid	dan Blvd., Lincoln,	NE 68506		
Daniel J. Rayer	Director	3400 Sherid	dan Blvd., Lincoln,	NE 68506		
Legal description of real property and general						
Lot 10, Irregular Tract located i	n the Southeast Qua	arter of SEction	on 23, Township 9	North, Range 7 E	East of the	e 6th Principal
Meridian, Lancaster County, N	ebraska			-		
					HE	CEIVED
Property described above is used in the follow	ving exempt category (places	mark the applicab	ale hoves):		F	EB 0 1 2018
Agricultural and Horticultural Society			_			•
		X Religious	Charitable	Cemetery	N	ORMAN H. A <mark>GENA</mark> T ER COUNTY ASSESSOR
Give a detailed description of the use of the p					RI	GISTER OF DEEDS
Priest residence, religious worst	hip, religious formatio	on, religious e	education, religiou	s services, parish	meeting	s, and spiritual
counseling.					3	
All organizations, except for an Agricultur	rol and Hartis Hart	the moral	to the fellow?			
All organizations, except for an Agricultule Is all of the property used exclusively as d	TAI AND HORTICUITURAI SOCIE	ety, must comple	te the following question	ons.		
Is the property used for financial gain or p						
Is a portion of the property used for the sa If Yes, state the number of hours per we	le of alcoholic beverages?					ž.
Is the property owned or used by an organ	nization which discriminates in	n membership or e	mployment based on race	e, color,		
or national origin?				YES	S NO	_
Under penalties of law, I do complete. I also declare that I a	eclare that I have examined the color that I have examined the color that I have examined to sign this	nis exemption app s exemption applic	lication and, to the best o ation.	f my knowledge and beli	ef, it is correc	et and
sign, LAY	M -	F				
			Vice	e-President		1/12/2018
here Authorized Signature			Title		Date	
			r your records.			
	For Coun	ty Assessor's	Recommendation	1		
Approval	COMMENTS:					
Approval of a Portion	-					
☐ Denial				-		
Definal	Sign	nature of County A	ssessor		Date	
			ualization Use Onl	v		
I declare that to the best of laws of the State of Nebraska.	my knowledge and belief, the				oursuant to th	e
Approved	COMMENTS:					
☐ Approval of a Portion						
Denied	Sian	nature of County B	oard Member		Date)
	J.g.,					

Exemption Applicationfor Tax Exemption on Real and Personal Property by Qualifying Organizations Read Instructions on reverse side.

FORM

Failure to	properly compl	ete or time	ely file this app	lication will result in	a denial of the exem	ption.	
Name of Organization				County Name Tax Yes			
The Catholic Bishop of Lincoln	i			Lancaster 2018			
Name of Owner of Property				State Where Incorporate	d		
				Nebraska			
Street or Other Mailing Address of Applicant				Total Actual Value of Rea	l and Personal Property	Parcel ID Numb	er
3400 Sheridan Boulevard				\$ 207,800.00		16-23-400	-023-000
City	State	,	Code	Contact Name	,	Phone Number	
Lincoln	NE 68506 Timothy J. Thorburn			ourn	402-488-0921		
Type of Ownership				-!!-! 0!!	Charitable Organica	🗆 0	
Agricultural and Horticultural Society		nal Organiza	ation X H	eligious Organization	Charitable Organiza	ation	emetery Organization
Name	Title of Of Directors, or		,	Addres	s, City, State, Zip Co	de	
James D. Conley	President	¥		dan Blvd., Lincoln,			
Timothy J. Thorburn	Vice-Presid	ent		dan Blvd., Lincoln,			
Daniel J. Rayer	Director			dan Blvd., Lincoln,			
Legal description of real property and gener							
Lot 23, Irregular Tract located Meridian, Lancaster County, N		east Qua	arter of Section	on 23, Township e	North, Range 7 t	east of the 6	tn Principal
Drangely, described above is used in the follow	wing avampt gates	none (places	mark the applicat	ala hayaa);		PEC	
Property described above is used in the follo					п., ³ .		CEIVED
Agricultural and Horticultural Society	/ Educati	onal [X Religious	Charitable	Cemetery		
Give a detailed description of the use of the	property:					FEE	3, 01 2018
All organizations, except for an Agricult	urol and Hartinul	Itural Soci	oty, must comple	ato the following questi	one	LANCASTER REGIS	MAN H. AGENA COUNTY ASSESSOR STER OF DEEDS
Is all of the property used exclusively as	described above?			une ioliowing questi		s Пио	
Is the property used for financial gain or							
Is a portion of the property used for the s If Yes, state the number of hours per w	ale of alcoholic be						
Is the property owned or used by an orga or national origin?					YE		
Under penalties of law, I complete. Lelso declare that I	declare that I have am duly authorize	e examined to ad to sign thi	this exemption application app	olication and, to the best cation.	of my knowledge and be	ief, it is correct a	nd
sign And P					e-President	1/1	12/2018
here Authorized Signature	-			Title		Date	
~		Reta	ain a copy fo	or your records.			
		For Cour	nty Assessor'	s Recommendation	n		
Approval	СОММЕ	NTS:					
Approval of a Portion							
☐ Denial		Sig	gnature of County /	Assessor		Date	
	F	or Count	ty Board of E	qualization Use On	ly		
I declare that to the best of laws of the State of Nebraska	of my knowledge a	nd belief, th	e determination m	ade by the County Board	of Equalization is correct	pursuant to the	
Approved	COMME	NTS:					
Approval of a Portion			3				
Denied		Sig	nature of County I	Board Member		Date	

FORM

Exemption Application for Tax Exemption on Real and Personal Property by Qualifying Organizations
Read instructions on reverse side.

	properly complete or time	ely file this app	lication will result in a denial of the exe	mption.			
Name of Organization	8 808		County Name Tax Year				
Children's Center for the Child c/o Finance			Lancaster 2018				
Name of Owner of Property			State Where Incorporated				
Children's Hospital & Medical C	Center		NE				
Street or Other Mailing Address of Applicant			Total Actual Value of Real and Personal Propert	Parcel ID Number			
8200 Dodge St			\$ 38,900.00	17058929			
City	State Zip (Code	Contact Name	Phone Number			
Omaha	NE 681	14	Steve Kurtz	402 955-6681			
Type of Ownership Agricultural and Horticultural Society	Educational Organiza	tion R	eligious Organization X Charitable Organ	zation Cemetery Organization			
Name	Title of Officers, Directors, or Partners		Address, City, State, Zip C	ode			
See attached list							
Legal description of real property and genera	al description of all depreciable	tangible persona	l property, except licensed motor vehicles:				
2021 Transformation Drive, Lir	ncoln, NE 68508		· H	ECEIVED			
All personal property (furniture)			DEC 27 2017			
				NORMAN H. AGENA			
Property described above is used in the follow	wing exempt category (please	mark the applicat	ole boxes):	CASTER COUNTY ASSESSOR/			
Agricultural and Horticultural Society	Educational	Religious	Charitable Cemetery	REGISTER OF DEEDS			
Give a detailed description of the use of the	property:		· · · · · · · · · · · · · · · · · · ·				
		ild & Comm	unity uses the office at Nebraska	nnovation Community			
coordinate and facilitate commu	inity outreach activitie	niu & Commi	vities include conducting commun	ity poods assessments			
strategic planning program dev	elonment and implem	entation of	lucation, and facilitation of commu	nity improvement planning			
projects. The Center collaborat	es with nublic and pri	vate organiz	rations on such activities				
All organizations, except for an Agricultu	ral and Horticultural Societ	tv. must comple	te the following guestions.	+			
				es 🗆 no			
			n making exclusive use of the property? Y				
Is a portion of the property used for the sa If Yes, state the number of hours per we	ale of alcoholic beverages? ek						
Is the property owned or used by an organ or national origin?				ES NO			
Under penalties of law, I d complete: I also declare that I a	eclare that I have examined th am duly authorized to sign this	nis exemption app exemption applic	lication and, to the best of my knowledge and b	elief, it is correct and			
sign 00.	10/10/00	-Maniphon applie	Mar. acoun	him 12/22/17			
here Authorized Signature	<u>amrass</u>		Title	Date			
J	Retai	in a copy fo	r your records.				
	For Count	ty Assessor's	s Recommendation				
Approval	COMMENTS:						
☐ Approval of a Portion			*				
☐ Denial	Sign	ature of County A	ssessor	Date			
I declare that to the best of			qualization Use Only ade by the County Board of Equalization is corre	et pursuant to the			
laws of the State of Nebraska. Approved	COMMENTS:						
Approval of a Portion		j.					
Denied	Signa	ature of County B	oard Member	Date			

Exemption Applicationfor Tax Exemption on Real and Personal Property by Qualifying Organizations

FORM

Assessor		Re	ad instructions o	on reverse side.			40 I
	Failure to p	properly complete or time	ely file this app	lication will result in	a denial of the exem	ption.	
Name of Organization				County Name		Tax Year	
Children's Hospita	l & Medical 0	Center c/o Finance		Lancaster		2018	
Name of Owner of Propert	у			State Where Incorporate	d		
Children's Hospita		Center	,	NE			
Street or Other Mailing Add	dress of Applicant				al and Personal Property	Parcel ID Num	ber OO DA
8200 Dodge St				\$ 1,425,600.00		POS	JOY 30
City		State Zip	Code	Contact Name		Phone Number	
Omaha		NE 681	114	Steve Kurtz		402 955-6	3681
Type of Ownership Agricultural and Hor	ticultural Society	Educational Organiza	ation R	eligious Organization	Charitable Organiza	ation []	Cemetery Organization
Name		Title of Officers, Directors, or Partners		Addres	ss, City, State, Zip Co	de	
See attached list							
Coo attacrica not							
Legal description of real pr	roperty and genera	al description of all depreciable	tangible persona	I property, except licensed	d motor vehicles:	DEA	
2121 South 56th S						neu	EIVED
All personal prope	erty described	d on the attached list				DEC :	27 2017
						NORMA	NH AGENA
Property described above	is used in the follo	wing exempt category (please	mark the applicat	ole boxes):		ANCASTER CO	N H. AGENA OUNTY ASSESSOR/ ER OF DEEDS
Agricultural and He			Religious	Charitable	Cemetery	REGISTE	R OF DEEDS
Agriculturar and Fit			neligious	Chantable			
Give a detailed description	of the use of the p	property:					
Medical clinic					7		
							e
Is all of the property us	ed exclusively as o	ral and Horticultural Socie described above? profit to either the owner or own			YE		
	erty used for the s	ale of alcoholic beverages?					
or national origin?		nization which discriminates ir					
		leclare that I have examined t am duly authorized to sign this			of my knowledge and bel	ief, it is correct	and
sign 📐		Wille		Mas	acetg.	Date /	120/17
	7	Reta	in a copy fo	or your records.			
		For Coun	ity Assessor'	s Recommendatio	n		
Approval		COMMENTS:					
Approval of a P	ortion	-					
☐ Denial		Sign	nature of County A	Assessor		Date	
		For Count	y Board of Ed	qualization Use On	ily		
	e that to the best o State of Nebraska.	f my knowledge and belief, the		<u> </u>		pursuant to the	
☐ Approved		COMMENTS:					
Approval of a Po	ortion						
Denied		Sign	nature of County E	Board Member		Date	

FORM

Exemption Application
for Tax Exemption on Real and Personal Property by Qualifying Organizations
Read instructions on reverse side 451

710000001		ead instructions			- 1	
Failure to	properly complete or time	ely file this ap	plication will result ir	a denial of the exem	ption.	
Name of Organization			County Name		Tax Year	
DIALYSIS CENTER OF LINCO	OLN, INC.		LANCASTER		2018	
Name of Owner of Property			State Where Incorporate	ed		9
DIALYSIS CENTER OF LINCO			NEBRASKA			
Street or Other Mailing Address of Applicant				al and Personal Property	Parcel ID N	in A:
7910 "O" STREET	0		\$ 5,897,000.00			07-0004-0000
City	•	Code	Contact Name		Phone Num	
LIINCOLN	NE 68510	0-2500	KAREL S. SYSI	EL, CFO	402-742	2-8556
Type of Ownership	П				_	_
Agricultural and Horticultural Society	Educational Organiza	ationF	Religious Organization	Charitable Organiza	ation .	Cemetery Organization
Name	Title of Officers, Directors, or Partners		Addres	ss, City, State, Zip Co	de	
		Schedule o	of Directors & Office	ers attached		
Legal description of real property and genera			al property, except license	d motor vehicles:		
Address: 3211 Salt Creek Circ	cle Lincoln, Ne 6850)4				
Legal: Lot 4; Block 6 Landr	mark Corporate Cente	er Addition, I	Lincoln, Lancasteı	r County Nebraska	1	
L d. (0007,000 - DL) (0.00	0.000 B :=					
Land: \$297,000; Bldg: \$4,900	ບ,ບບບ; Personal Pro	operty: \$ 7	00,000; Total: \$	5,870,000		
Property described above is used in the follow	wing exempt category (places	mark the applicat	hla hovas\:			
		_		,		
Agricultural and Horticultural Society		Religious	Charitable	Cemetery	UE	CEIVE
Give a detailed description of the use of the p	property:					
		age renal dis	sease		D	EC 1 8 2017
		age renal dis	sease			EC 1 8 2017
		age renal dis	sease		N	ORMAN H ACENA
Outpatient dialysis center for the	e treatment of end-sta	4			LANCAS	ORMAN H. AGENA FER COUNTY ASSESSO
Outpatient dialysis center for the	e treatment of end-sta	ty, must comple	ete the following questi	ons.	LANCAS	ORMAN H ACENA
Outpatient dialysis center for the All organizations, except for an Agricultu Is all of the property used exclusively as d	e treatment of end-sta	ty, must comple	ete the following questi	X YES	LANCAS RE	ORMAN H. AGENA FER COUNTY ASSESSED
Outpatient dialysis center for the All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p.	e treatment of end-sta	ty, must comple	ete the following questi	the property? YES	LANCAS RE NO S NO	ORMAN H. AGENA FER COUNTY ASSESSED
Outpatient dialysis center for the All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p. Is a portion of the property used for the sa	e treatment of end-sta	ty, must comple	ete the following questi	the property? YES	LANCAS RE	ORMAN H. AGENA FER COUNTY ASSESSED
Outpatient dialysis center for the All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an organ	e treatment of end-sta	ty, must comple	ete the following questi	the property? YES	LANCAS RE NO S NO	ORMAN H. AGENA FER COUNTY ASSESSED
Outpatient dialysis center for the All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an organ or national origin?	e treatment of end-sta	ty, must comple ner or organization membership or e	ete the following questi n making exclusive use of employment based on rac		LANCAS: RE G	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an orgar or national origin?	e treatment of end-sta	ty, must comple	ete the following question making exclusive use of employment based on rac		LANCAS: RE G	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
Is the property used for financial gain or p. Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an orgar or national origin? Under penalties of Taw, I de complete. I also declare that I a	e treatment of end-sta	ty, must comple	ete the following question making exclusive use of employment based on rac		LANCAS: RE G	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEFOS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an organ or national origin? Under penalties of law, I do complete. I also declare that I a	ral and Horticultural Societ lescribed above?	ty, must comple her or organization membership or e his exemption applic exemption applic	ete the following question making exclusive use of employment based on raccollication and, to the best deation.		LANCAS: RE NO	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an orgar or national origin?	e treatment of end-sta	ty, must comple her or organization membership or e his exemption applic exemption applic	ete the following question making exclusive use of employment based on rac	the property? .	LANCAS: RE NO	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an organ or national origin? Under penalties of law, I do complete. I also declare that I a	ral and Horticultural Societ lescribed above?	ner or organization membership or entire exemption application	ete the following question making exclusive use of employment based on raccollication and, to the best deation.	the property? .	LANCAS RE S	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an organ or national origin? Under penalties of law, I do complete. I also declare that I a	ral and Horticultural Societ lescribed above?	membership or exemption applic	ete the following question making exclusive use of employment based on raccollication and, to the best disation. Title	YES the property? . YES	LANCAS RE S	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or ple is a portion of the property used for the saff Yes, state the number of hours per we is the property owned or used by an organ or national origin? Under penalties of Taw, I dicomplete. I also declare that I a Sign Authorized Signature	ral and Horticultural Societ lescribed above?	membership or exemption applic	ete the following question making exclusive use of employment based on raciplication and, to the best deation.	YES the property? . YES	LANCAS RE S	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an organ or national origin? Under penalties of law, I do complete. I also declare that I a	ral and Horticultural Societ lescribed above?	membership or exemption application applic	ete the following question making exclusive use of employment based on raccollication and, to the best disation. Title	YES the property? . YES	LANCAS RE S	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an orgar or national origin? Under penalties of Taw, I dicomplete. I also declare that I a Authorized Signature Approval	ral and Horticultural Societ lescribed above?	membership or exemption application applic	ete the following question making exclusive use of employment based on raccondication and, to the best disation. Title or your records. S Recommendation	YES the property? . YES	LANCAS RE S	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an orgar or national origin?	ral and Horticultural Societ lescribed above?	membership or exemption application applic	ete the following question making exclusive use of employment based on raccondication and, to the best disation. Title or your records. S Recommendation	YES the property? . YES	LANCAS RE S	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an orgar or national origin? Under penalties of Taw, I dicomplete. I also declare that I a Sign Authorized Signature	ral and Horticultural Societ lescribed above?	membership or employed application application application application application application acopy for ty Assessor's	ete the following question making exclusive use of employment based on raccollication and, to the best deation. Title Title Tryour records. Recommendation	YES the property? . YES	LANCAS' RE S	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an orgar or national origin?	ral and Horticultural Societ lescribed above?	membership or exemption application applic	ete the following question making exclusive use of employment based on raccollication and, to the best deation. Title Title Title Recommendation	YES the property? . YES	LANCAS RE S	ORMAN H. AGENA IER COUNTY ASSESSO GISTER OF DEEDS
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an organ or national origin?	ral and Horticultural Societ lescribed above?	membership or embership or exemption application acopy for a copy	ete the following question making exclusive use of employment based on raccondication. Title or your records. s Recommendation assessor	the property? . YES the property? . YES e, color, The property YES of my knowledge and belief C.E.O	LANCAS: RE NO NO NO NO NO NO NO Date	ORMAN H. AGENA TER COUNTY ASSESSO GISTER OF DEEDS t and 2/15/2017
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p. Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an organ or national origin?	ral and Horticultural Societ lescribed above?	membership or embership or exemption application acopy for a copy	ete the following question making exclusive use of employment based on raccondication. Title or your records. s Recommendation assessor	the property? . YES the property? . YES e, color, The property YES of my knowledge and belief C.E.O	LANCAS: RE NO NO NO NO NO NO NO Date	ORMAN H. AGENA TER COUNTY ASSESSO GISTER OF DEEDS t and 2/15/2017
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an orgar or national origin? Under penalties of Taw, I decomplete. I also declare that I a Sign Authorized Signature Approval Approval of a Portion Denial	ral and Horticultural Societ lescribed above?	membership or exemption application acopy for a copy for ty Assessor's ature of County A determination ma	ete the following question making exclusive use of employment based on raccollication and, to the best of the particular records. Title or your records. S Recommendation assessor qualization Use Onleade by the County Board of the county Board o	yes the property?	LANCAS: RE NO NO NO NO NO NO NO Date	ORMAN H. AGENA TER COUNTY ASSESSO GISTER OF DEEDS t and 2/15/2017
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an organ or national origin?	ral and Horticultural Societ lescribed above?	membership or exemption application acopy for a copy for ty Assessor's ature of County A determination ma	ete the following question making exclusive use of employment based on raccondication. Title or your records. s Recommendation assessor	yes the property?	LANCAS: RE NO NO NO NO NO NO NO Date	ORMAN H. AGENA TER COUNTY ASSESSO GISTER OF DEEDS t and 2/15/2017
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an orgar or national origin? Under penalties of Taw, I decomplete. I also declare that I a Sign Authorized Signature Approval Approval Approval of a Portion Denial	ral and Horticultural Societ lescribed above?	membership or exemption application acopy for a copy for ty Assessor's ature of County A determination ma	ete the following question making exclusive use of employment based on raccollication and, to the best of the particular records. Title or your records. S Recommendation assessor qualization Use Onleade by the County Board of the county Board o	yes the property?	LANCAS: RE NO NO NO NO NO NO Date	ORMAN H. AGENA TER COUNTY ASSESSO GISTER OF DEEDS t and 2/15/2017
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an orgar or national origin?	ral and Horticultural Societ lescribed above?	membership or exemption application acopy for a copy for ature of County A determination ma	ete the following question making exclusive use of employment based on raccollication and, to the best of the particular records. Title or your records. S Recommendation assessor qualization Use Onleade by the County Board of the county Board o	yes the property?	LANCAS: RE NO NO NO NO NO NO Date	ORMAN H. AGENA TER COUNTY ASSESSO GISTER OF DEEDS t and 2/15/2017

Exemption Application
for Tax Exemption on Real and Personal Property by Qualifying Organizations

FORM

451

A5562501		ad Istructions of				1 9 1
Failure to	properly complete or time			a denial of the exem	ption.	
Name of Organization	8		County Name		Tax Year	
The Dressage Foundation, Inc.)		Lancaster		2018	
Name of Owner of Property			State Where Incorporate	ed		
The Dressage Foundation, Inc	•		Nebraska	Land Daving of Daving	Darsol ID Museum	v
Street or Other Mailing Address of Applicant			-	al and Personal Property	Parcel ID Numbe	
1314 O Street, Suite 305			\$ 206,900.00		10-23440-0	10-012
City Lincoln	NE State Zip 6	Code 5 08	Contact Name Jenny Johnson,	Executive Dir.	Phone Number 402-434-85	85
Type of Ownership Agricultural and Horticultural Society	Educational Organiza	ution DR	eligious Organizatìon	Charitable Organiza	ation	metery Organization
Name	Title of Officers, Directors, or Partners			ss, City, State, Zip Co		, J
See attached.	Directors, or Farthers					
Legal description of real property and gener	al description of all depreciable	tangible personal	nroperty except licenses	d motor vehicles:		
Unit 305, Lincoln Flats Condo				•	4h = O4+4 = -53	labaat:
Lincoln, Lancaster County, Ne No. 2008-38259, amended by Instrument No. 2009-22622.	First Amendment to I	Declaration o	of Lincoln Flats Co	ondominium record	ded May EC	EVE
Property described above is used in the follo		mark the applicate Religious	le boxes): Charitable	Cemetery	CC.	T 0 5 2017
Give a detailed description of the use of the					NOB	MAN H. AGENA
nonprofit corporation. The offic ndividuals and groups interestonerit.						
All organizations, except for an Agricult						
Is all of the property used exclusively as						
Is the property used for financial gain or p						
Is a portion of the property used for the s If Yes, state the number of hours per w	eek				S X NO	
Is the property owned or used by an orga or national origin?		<u></u>	<u></u>	YES		
	declare that I have examined the am duly authorized to sign this			of my knowledge and bel	ief, it is correct and	d ge after
here Authorized Signature	Cohuson		Title	utive Director	10/1	1/2017
<i>V</i> •			r your records.			
	For Coun	ty Assessor's	s Recommendation	1		
☐ Approval	COMMENTS:					
Approval of a Portion	<u> </u>					
☐ Denial	Sign	ature of County A	ssessor		Date	
			ualization Use On			
I declare that to the best of laws of the State of Nebraska.	f my knowledge and belief, the				pursuant to the	
Approved	COMMENTS:			·		
Approval of a Portion						
Denied	Sign	ature of County B	oard Member		Date	

Exemption Application
for Tax Exemption on Real and Personal Property by Qualifying Organizations
Read Instructions on reverse side.

FORM

451

Fallers to	roporty complete or time	lu filo this ann	ligation will requit !-	a denial of the array	matica.
Name of Organization	properly complete or time	ny me mis app	County Name	a derilal of the exem	ption.
The Dressage Foundation, Inc			Lancaster		0.000,000,000,000
Name of Owner of Property			State Where Incorporate	4	2018
The Dressage Foundation, Inc.			Nebraska	u	
Street or Other Mailing Address of Applicant			Total Actual Value of Rea	al and Personal Property	Parcel ID Number
1314 O Street, Suite 305			\$ 9,944.00	a and reisonal Property	300000000000000000000000000000000000000
City	State Zip (Code	Contact Name		P055837
Lincoln	NE 685			Evocutive Dir	Phone Number
Type of Ownership	14 080	000	Jenny Johnson,	Executive Dir.	402-434-8585
Agricultural and Horticultural Society	Educational Organiza	tion Re	eligious Organization	Charitable Organiza	ation Cemetery Organization
Name	Title of Officers, Directors, or Partners		Addres	s, City, State, Zip Cod	de
See attached.					
Legal description of real property and genera	I description of all depreciable	tangible personal	property, except licensed	I motor vehicles:	
All the personal property locate					regime organized under the
laws of the State of Nebraska,	Lincoln, Lancaster Co	nuntv Nehra	iska nursuant to t	he Maeter Dood o	egine organized under the
August 13, 2008, as Instrumen	t No. 2008_38250 an	nended by	iret Amendment to	Declaration of 1:	ncoln Flate Condeminium
recorded May 1, 2009, as Instrument	ument No. 2000-2020	22 See atta	nst Amendment ((Decial ation of Li	
	amont 140. 2000-2202	-2. 000 alla	oneu.		THE WELL
Property described above is used in the follow	ving exempt category (please	mark the applicab	le boxes):		
Agricultural and Horticultural Society	Educational	Religious	Charitable	Cometer:	OCT 05 2017
_ :			Chantable	Cemetery	
Give a detailed description of the use of the p	roperty:				NORMAN H. AGENA
All of the personal property sho	wn in attachment is lo	cated in the	permanent office	of The Dressage	LANCASTER COUNTY ASSESSOR Foundations at the company of the country assessor
501(c)(3) entity organized as a	Nebraska nonprofit co	propration.	he office is used	exclusively for its	charitable nurnose which
is to award grants and scholars	nips to individuals and	d aroups inte	rested in the equa	estrian sport of dre	essane
Grants/scholarships are awarde	d based on need and	l merit	rootod iii tiio equi	solitari sport or are	+
All organizations, except for an Agricultu			te the following question	ons.	
Is all of the property used exclusively as d					S □NO
Is the property used for financial gain or p					
Is a portion of the property used for the sa If Yes, state the number of hours per we	le of alcoholic beverages?				
Is the property owned or used by an organ	ization which discriminates in	membership or e	mployment based on race	e, color,	
or national origin?				YES	S 🔀 NO
Under penalties of law, I d complete. I also declare that I a	eclare that I have examined th	is exemption application	lication and, to the best o	f my knowledge and beli	ef, it is correct and
	Congression and the sign time	exemption applica	AUOTI		
sign	Chlusin		Ехес	utive Director	10/1/2017
here Authorized Signature	//		Title		Date
<i>y</i> 0	V Retai	n a copy for	r your records.		
			Recommendation	1	
Approval	COMMENTS:		***************************************		
Approval of a Portion					
Denial					
_ Bornar	Signa	ature of County As	ssessor		Date
	For County	Doord of F-	ualization II C I		
I declare that to the best of	my knowledge and belief, the		ualization Use Onl de by the County Board o		oursuant to the
laws of the State of Nebraska. Approved	COMMENTS:				
☐ Approval of a Portion					
☐ Denied	Signa	ature of County Bo	pard Member		Date

Exemption Applicationfor Tax Exemption on Real and Personal Property by Qualifying Organizations Read instructions on reverse side.

FORM

Failure to p	properly complete or time	ly file this app	lication will result in	a denial of the exem	ption.		
Name of Organization County Name Tax Year							
FIRST UNITED METHODIST (CHURCH		LANCASTER 2018				
Name of Owner of Property			State Where Incorporate	d			
FIRST UNITED METHODIST (CHURCH		NEBRASKA		I		
Street or Other Mailing Address of Applicant			Total Actual Value of Rea	al and Personal Property	Parcel ID Number		
2723 NORTH 50TH STREET	State Zip (Sada	\$		P05000 17-17	-215-011	
City	NE 685	Code	Contact Name CHARLES LEYPOLDT Phore Number 402-466-1906				
LINCOLN Type of Ownership	INE 000	U4	CHARLES LETT	OLDT	402-466-1906		
Agricultural and Horticultural Society	Educational Organiza	tion 🔀 Re	eligious Organization	Charitable Organiza	ation Cemetery Or	ganization	
Name	Title of Officers, Directors, or Partners		Addres	s, City, State, Zip Co	de		
JACK CHAPIN	TRUSTEE PRES.	2723 N. 50,	LINCOLN, NE 68	504			
CHARLES LEYPOLDT			LINCOLN, NE 68		***************************************		
LAWRENCE MOFFET	PASTOR	2723 N. 50,	LINCOLN, NE 68	504	****		
Legal description of real property and general UNIVERSITY PLACE, BLOCK				3' ALLEY ADJ LO	OTS 3-6 RECEIVE	ED	
PROPERTY SITUS ADDRESS	S: 2723 N 50TH ST., I	INCOLN, N	EBRASKA				
Property described above is used in the follow	wing exempt category (please	mark the applicab	le boxes):		DEC 2 2 2017	-	
Agricultural and Horticultural Society	Educational	Religious	Charitable	Cemetery	NORMAN H. AGENA RESEA YTOUNG ASTER GOUNTY ASS		
complete. I also declare that I	ral and Horticultural Societ described above?	ING IN THE y, must comple er or organization membership or e is exemption application	te the following question. making exclusive use of exclu	ons	S NO S NO S NO		
			r your records.	***************************************			
***	ror Coun	y Assessor's	Recommendation	<u> </u>			
Approval	COMMENTS:					_	
Approval of a Portion							
☐ Denial	Signa	ature of County A	ssessor		Date	_	
	For County	Board of Eq	ualization Use Onl	у			
I declare that to the best of laws of the State of Nebraska.	my knowledge and belief, the	determination ma	de by the County Board	of Equalization is correct	pursuant to the		
Approved	COMMENTS:						
Approval of a Portion	the second section of the section		*************			_	
Denied	k						
	Signa	ature of County B	oard Member		Date		

Exemption Application for Tax Exemption on Real and Personal Property by Qualifying Organizations
Read instructions on reverse side.

FORM

451

Failure to properly of	omplete or timely file this app	lication will result in a denial of the exem	ption.
Name of Organization United Methodi	st Church	County Name Lancaster	Tax Year 2018
Name of Owner of Property		State Where Incorporated Ne bras Ka	
Street or Other Mailing Address of Applicant		Total Actual Value of Real and Personal Property	Parcel ID Number
PO Box 12 City . State	Zia Coda	\$ 13,200	07-30-409-004-000
Hallam XE Type of Ownership	Zip Code 6 836 8	Lynette Teselle	402-791-5756
	lucational Organization	eligious Organization Charitable Organiza	ation Cemetery Organization
Mana	of Officers, rs, or Partners	Address, City, State, Zip Co	de
Dave Axtell Serveto		West Hallam Rd - Halla Pella Rd - Firth, NE	
Hallam, Block 7, Lo	of 10-12, 5'5	R	RECEIVED
160 N Front St			NOV 2 2 2017
Property described above is used in the following exemp Agricultural and Horticultural Society	t category (please mark the applicated the deposition of the category (please mark the applicated the applicated the category (please mark the applicated the app		NORMAN H. AGENA NCASTER COUNTY ASSESSOR/ REGISTER OF DEEDS
Give a detailed description of the use of the property:		<u> </u>	
Grass lot used to	or Church ove	erflow of parking	Ó.
All annual and the second for an Annia da and the	and a single control of the second of the se	to the fellowing and the	
All organizations, except for an Agricultural and Ho Is all of the property used exclusively as described at Is the property used for financial gain or profit to eithe Is a portion of the property used for the sale of alcohol If Yes, state the number of hours per week	ove? r the owner or owner or organization	The state of the property? YES	s 🖾 NO
Is the property owned or used by an organization whi	ch discriminates in membership or e		S KINO
Under penalties of law, I declare that	have examined this exemption app	lication and, to the best of my knowledge and beli	
complete. I also declare that I am duly aut	norized to sign this exemption applic	Theasure	<u>//-/7-/7</u>
Nere Authorized Signature	Retain a copy fo	r your records.	Dale
	For County Assessor's		
Approval	MMENTS:		
Approval of a Portion		1	
☐ Denial	Signature of County A	ssessor	Date
······································	For County Board of Eq		
I declare that to the best of my knowled		ide by the County Board of Equalization is correct	oursuant to the
	MMENTS:		
Approval of a Portion			
☐ Denied	Signature of County B	oard Member	Date
		CONTRACTOR	43 (1774)(477)

Exemption Applicationfor Tax Exemption on Real and Personal Property by Qualifying Organizations Read instructions on reverse side.

FORM

Failure to properly complete or timely file this application will result in a denial of the exem	ption.
Name of Organization Hallam United Methodist Church Lancaster	Tax Year 2018
Name of Owner of Property State Where Incorporated Neb vaska	
Street or Other Mailing Address of Applicant PORGA 12 Total Actual Value of Real and Personal Property \$ 22,000	Parcel ID Number 07-30-409-005-000
City Hallam NE 68368 Contact Name Lynette Tescile	Phone Number 402 - 791-5756
Type of Ownership Agricultural and Horticultural Society Educational Organization Type of Ownership Religious Organization Charitable Organization	ation Cemetery Organization
Name Title of Officers, Directors, or Partners Address, City, State, Zip Co	de
	rtell, NE 68404 - Hallam, NE 68368 - , NE 68358
Hallam, Block 7, Lot 13-15	RECEIVED
150 N Front St	NOV 2 2 2017
Property described above is used in the following exempt category (please mark the applicable boxes): Agricultural and Horticultural Society	NORMAN H. AGENA NDASTER COUNTY ASSESSOR/ REGISTER OF DEEDS
Give a detailed description of the use of the property: Grass lot used for Church overflow of parking	<u>5</u>
All organizations, except for an Agricultural and Horticultural Society, must complete the following questions. Is all of the property used exclusively as described above?	s 🔀 NO
Is the property owned or used by an organization which discriminates in membership or employment based on race, color, or national origin?	
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and bell complete. I also declare that I am duly authorized to sign this exemption application. Sign Authorized Signature Title Retain a copy for your records.	lef, it is correct and $\frac{11-17-17}{\text{Date}}$
For County Assessor's Recommendation	
Approval COMMENTS:	
Approval of a Portion	*
Denial Signature of County Assessor	Date
For County Board of Equalization Use Only	
I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct laws of the State of Nebraska.	pursuant to the
Approved COMMENTS:	
Approval of a Portion	
☐ Denied Signature of County Board Member	Date

Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations

Read instructions on reverse side.

FORM

451

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ad instructions on re				701
	properly complete or time			a denial of the exem	ption.	
Name of Organization	-:4:		unty Name		Tax Year	
Immanuel Retirement Commun	TITIES		ancaster		2018	
Name of Owner of Property Attn: Kelle Scott, Controller		1000	ite Where Incorporate	ed		
Street or Other Mailing Address of Applicant			ebraska	ol and Parent -! Description	Dorock ID	Number.
1044 N 115th Street, Suite 500		1.2	ai Actual value of Rea 1,146,900.00	al and Personal Property	Parcel ID I	
City City			ntact Name		16-18-2 Phone Nu	249-002-000
Omaha Type of Ownership	NE 681		heila Lindberg	•	402-82	
Agricultural and Horticultural Society	Educational Organiza	ation Religio	ous Organization	Charitable Organiza	ation	Cemetery Organization
Name	Title of Officers, Directors, or Partners		Addres	ss, City, State, Zip Co	de	
See Attached						
l and described of the						
Legal description of real property and general			perty, except licensed	d motor vehicles:		
WILLIAMSBURG VILLAGE NO					RE	CEIVED
SITUS ADDRESS: 6100 FAUL & 6100 S 34TH STREET, LING		N			DI	EC 22 2017
Property described above is used in the follow	wing exempt category (please	mark the applicable by	uxes).		. NO	RMAN H. AGENA
Agricultural and Horticultural Society			Charitable	Cemetery	LANCAST REC	rman H. Agena Er County Assessor Gister of Deeds
All organizations, except for an Agricultu Is all of the property used exclusively as d Is the property used for financial gain or p Is a portion of the property used for the sa If Yes, state the number of hours per we Is the property owned or used by an organ or national origin?	lescribed above?	ner or organization mak	king exclusive use of		S X NO	,
sign Authorized Signature		nis exemption application exemption application	ion and, to the best on. Conful Title			-15:17
	Retai	in a copy for yo	our records.			
	For Count	ty Assessor's Re	ecommendation	1		
Approval	COMMENTS:					
Approval of a Portion						
☐ Denial	Sign	ature of County Asses	ssor		Date	<u> </u>
	For County	Board of Equal	ization Use Onl	y		
I declare that to the best of laws of the State of Nebraska.	my knowledge and belief, the	determination made b	y the County Board o	of Equalization is correct p	oursuant to t	he
Approved	COMMENTS:					
Approval of a Portion						
Denied	Sign	ature of County Board	Member		Date	
					Date	

FORM

Exemption Applicationfor Tax Exemption on Real and Personal Property by Qualifying Organizations

451

Assessor			ad instructions o				701
	Failure to pro	perly complete or time	ely file this app	lication will result in	a denial of the exem	ption.	
Name of Organization	•			County Name		Tax Year	
MADONNA REHABILITATION HOSPITAL			LANCASTER		2018		
Name of Owner of Property				State Where Incorporate	d		
MADONNA REHAE	BILITATION H	IOSPITAL		NEBRASKA			
Street or Other Mailing Addr				Total Actual Value of Rea	al and Personal Property	Parcel ID Num	ber
5401 SOUTH ST				\$ 1,099,0	000		4-003-000
City		State Zip	Code	Contact Name	•	Phone Numbe	
LINCOLN		NE 685	506	VICTOR WITKO	WICZ	402-413-4	1222
Type of Ownership							
Agricultural and Hortic	cultural Society	Educational Organiza	ation R	eligious Organization	Charitable Organiza	ation	Cemetery Organization
Name	Title of Officers.						
MARK FAHLESON		CHAIRPERSON	1128 LINC	DLN MALL, #300	LINCOLN. NE 68	508	
GARY PERKINS		ICECHAIR		ESTEAD RD EL			
MIKE MCCRORY		BECRETARY		FARM RD LINCO			
Legal description of real pro	perty and general d	lescription of all depreciable			d motor vehicles:		
NORMAL, BLOCK						REC	EIVED
PROPERTY SITUS	S ADDRESS:	2121 S. 56TH STF	REET			NOV	13 2017
				1.1		NORM:	N H. AGENA
Property described above is	used in the following	ng exempt category (please				LANGASTER	OUNTY ASSESSOD
Agricultural and Hor	ticultural Society	Educational	Religious	Charitable	Cemetery	חבטוטו	ER OF DEEDS
Give a detailed description of	of the use of the pro	perty:					
Licensed by the Sta outpatient rehabilita Leased 9,335 squar All organizations, except	tion services are feet to a pe	as a non-profit orga diatric outpatient m	anization as o edical clinic	described in the Fe - a non-profit orga	ederal Internal Re unization. See atta	venue Cod	e 501(c)3.
Is all of the property uses	ior an Agricultura d exclusively as des	cribed above?	ry, must comple	the following questi		s no	
		fit to either the owner or ow					
Is a portion of the proper If Yes, state the numbe	ty used for the sale or of hours per week	of alcoholic beverages?			YE		
or national origin?		ation which discriminates ir					and
Under pe complete. Lal	names of law, I dec so declare that an	lare that Mave examined to duly authorized to sign this	rııs exemption applic s exemption applic	cation.	or my knowledge and be	noi, it is correct	unu !
sign AUHOUIAGO		itter		<u>Execu</u>	tive VP & CFO		9-2017
U		✓ Reta	in a copy fo	or your records.			
		For Coun	tv Assessor'	s Recommendation	n		
Approval			-	3 Necommendano			(,
Approval of a Poi	rtion						
☐ Denial							
Some	+		nature of County /			Date	
				qualization Use On			
	that to the best of mate of Nebraska.	ny knowledge and belief, the				pursuant to the	
Approved		COMMENTS:					
Approval of a Por	rtion						
Denied		Sign	nature of County I	Board Member		Date	

Exemption Application

FORM

for Tax Exemption on Real and Personal Property by Qualifying Organizations 451 Assessor Read instructions on reverse side. Failure to properly complete or timely file this application will result in a denial of the exemption. Name of Organization County Name Tax Year MADONNA REHABILITATION HOSPITAL **LANCASTER** 2018 Name of Owner of Property State Where Incorporated MADONNA REHABILITATION HOSPITAL NEBRASKA Street or Other Mailing Address of Applicant Total Actual Value of Real and Personal Property Parcel ID Number 5401 SOUTH ST. \$47,500.00 17-32-400-004-000 City State Zip Code Contact Name Phone Number LINCOLN NE 68506 VICTOR WITKOWICZ 402-413-4222 Type of Ownership Agricultural and Horticultural Society Educational Organization Religious Organization Charitable Organization Cemetery Organization Title of Officers, Name Address, City, State, Zip Code Directors, or Partners MARK FAHLESON CHAIRPERSON 1128 LINCOLN MALL, #300 LINCOLN, NE 68508 **GARY PERKINS VICECHAIR** 22621 HOMESTEAD RD ELKHORN, NE 68022 MIKE MCCRORY SECRETARY 11612 OLD FARM RD LINCOLN. NE 68512 Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles: S32, T10, R7, 6th Principal Meridian, LOT 413 SE NOV 13 2017 NORMAN H. AGENA LANCASTER COUNTY ASSESSOR/ Property described above is used in the following exempt category (please mark the applicable boxes): REGISTER OF DEEDS Agricultural and Horticultural Society Educational Religious X Charitable Cemetery Give a detailed description of the use of the property: Land is an unoccupied lot used for parking and green space. Licensed by the State of Nebraska as a hospital, Madonna provides post acute care, long term care and comprehensive outpatient rehabilitation services as a non-profit organization as described in the Federal Internal Revenue Code 501(c)3. + All organizations, except for an Agricultural and Horticultural Society, must complete the following questions. Is the property used for financial gain or profit to either the owner or owner or organization making exclusive use of the property? ... YES **⋈** NO Is a portion of the property used for the sale of alcoholic beverages? NO X If Yes, state the number of hours per week _ Is the property owned or used by an organization which discriminates in membership or employment based on race, color, Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. Lalso declare that Lam duly authorized to sign this exemption application. sign Executive VP & CFO here **Kuthorized Signature** Retain a copy for your records. For County Assessor's Recommendation Approval COMINIENTS: Approval of a Portion ☐ Denial Signature of County Assessor Date For County Board of Equalization Use Only I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska Approved COMMENTS: Approval of a Portion

County Clerk: A legible copy of this form showing the final decision of the County Board of Equalization must be delivered electronically to the Nebraska Department of Revenue within seven days after the Board's decision.

Signature of County Board Member

Denied

Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations

FORM **451**

Assessor Read instructions on reverse side. Failure to properly complete or timely file this application will result in a denial of the exemption. Name of Organization County Name NEBRASKA WESLEYAN UNIVERSITY LANCASTER 2018 Name of Owner of Property State Where Incorporated **NEBRASKA** Street or Other Mailing Address of Applicant Total Actual Value of Real and Personal Property Parcel ID Number \$ 110,000.00 17-17-212-010-000 5000 ST. PAUL AVE State City Zip Code Contact Name Phone Number 402-465-2183 LINCOLN NE 68504 Benjamin Dahl Type of Ownership Educational Organization Religious Organization Charitable Organization Cemetery Organization Agricultural and Horticultural Society Title of Officers, Name Address, City, State, Zip Code Directors, or Partners **FRED OHLES PRESIDENT** 5000 ST. PAUL AVE LINCOLN, NE 68504 TISH GADE-JONES **VP - FINANCE** 5000 ST. PAUL AVE LINCOLN, NE 68504 LINCOLN, NE 68504 CONTROLLER 5000 ST. PAUL AVE **GREG MASCHMAN** Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles: UNIVERSTIY PLACE, BLOCK 54, LOT 10, & S1/2 VAC ALLEY ADJ Property described above is used in the following exempt category (please mark the applicable boxes): Charitable Cemetery Agricultural and Horticultural Society Educational Religious Give a detailed description of the use of the property: HOUSE USED BY MAINTENACE DEPARTMENT FOR STORAGE All organizations, except for an Agricultural and Horticultural Society, must complete the following questions. Is the property used for financial gain or profit to either the owner or owner or organization making exclusive use of the property? . . _ YES NO Is a portion of the property used for the sale of alcoholic beverages? If Yes, state the number of hours per week Is the property owned or used by an organization which discriminates in membership or employment based on race, color, or national origin? YES Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am only authorized to sign this exemption application. 12-19-17 VP-FINANCE Retain a copy for your records. For County Assessor's Recommendation Approval COMMENTS: Approval of a Portion Denial Date Signature of County Assessor For County Board of Equalization Use Only I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska. COMMENTS: Approved Approval of a Portion Denied

County Clerk: A legible copy of this form showing the final decision of the County Board of Equalization must be delivered electronically to the Nebraska Department of Revenue within seven days after the Board's decision.

Signature of County Board Member

Exemption Applicationfor Tax Exemption on Real and Personal Property by Qualifying Organizations

FORM

Assessor			Hea	ad instructions of	on reverse side.			101
	Failure to p	roperly comple	te or time	ely file this app	lication will result in	a denial of the exem	ption.	
Name of Organization					County Name		Tax Year	
THE PHYSICIAN	NETWORK				LANCASTER		2018	
Name of Owner of Propert					State Where Incorporate	ed		
ATTN: GOOD LIF		ACE			NEBRASKA	-I I Danson - I Danson - I I	Darral ID A	lumb au
Street or Other Mailing Add						al and Personal Property	Parcel ID N	DA 5 292
2000 Q STREET,	SUITE 500	Chata	7:-	Codo	\$ 34,511.00		NEW Phone Nun	pher DO
City LINCOLN		State NE	685	Code 503	Contact Name ANGELA NOEL	•	402-34	
Type of Ownership Agricultural and Hor	ticultural Society	Education	nal Organiza	ation	eligious Organization	Charitable Organiz	ation [Cemetery Organization
Name	Title of Officers, ne Directors, or Partners Address, City, State, Zip Co					de		
CLIFF ROBERTS	NC	CEO		12809 W. D	ODGE ROAD, O	MAHA, NE 68154	8	
JEANETTE WOJT		CFO				MAHA, NE 68154		
JOAN NEUHAUS		SVP/COO		12809 W. D	ODGE ROAD, O	MAHA, NE 68154		A President and annual and
Legal description of real pr			depreciable	tangible persona	Il property, except license	ed motor vehicles:	RE	CEIVEL
8020 O STREET, TANGIBLE PERS	LINCOLN, N SONAL PROF	IE 68510 PERTY (SEE	ATTACI	HED DETAI	L).			
17 (TOIDEL 1 LIKE	701171211101	(,		Ŋ	EC 27 2017
					•		LANCAS	ORMAN H. AGENA
Property described above	is used in the follo	wing exempt categ	ory (please	mark the applica	ble boxes):	9	RE	FER COUNTY ASSESSOR GISTER OF DEEDS
Agricultural and H			_	Religious	Charitable	Cemetery		10-10-00 (0-00) (0-00)
Give a detailed description	of the use of the	property						
Is the property used fo	sed exclusively as or financial gain or p	described above?	wner or ow	ner or organizatio	n making exclusive use o	tions	s ⊠no	
If Yes, state the number of the property owned to	ber of hours per we or used by an orga	eek nization which dis	criminates ir	- n membership or	employment based on ra	ce, color,		
Under r	nenalties of law. Lo	declare that I have	examined t	his exemption ap	plication and, to the bes	t of my knowledge and be		ect and
sign complete.	also declare that I	am duly authorize	d to sign this	s exemption appli	cation.	ECTOR, TAX	Dat	12/30/2017
					's Recommendation	on		
M				•				÷
Approval Approval of a P	Portion	COMME	NIO	•				
_	Ortion			,				
Denial			Sig	nature of County	Assessor		Dat	e
		F	or Count	y Board of E	qualization Use O	nly		
	e that to the best o State of Nebraska		nd belief, the	e determination n	nade by the County Boar	d of Equalization is correc	t pursuant to	tne
Approved		COMME	NTS:					
Approval of a P	ortion							
Denied			Sig	nature of County	Board Member		Dat	e
			, old	nature of County	Dould Mellinel		. =	-atlan

Lm 9/7

2018

File with Your County	for Tax E	E xer xemption on Real a		Applicatio		tions	FORM
Assessor		R	ead instructions	on reverse side.			451
	Failure to	properly complete or time	ely file this app		in a denial of the exem	ption.	
Name of Organization				County Name		Tax Year	2010
Region V Foundat				Lancaster		2017	2018
Name of Owner of Proper	Č.			State Where Incorpora	ated	• •	
Region V Foundat				NE	1. 15		=,
Street or Other Mailing Ad	dress of Applicant			the second control of	Real and Personal Property	Parcel ID	Number 310 A77 /
3600 Union Drive		Otata		\$142,000.00			09-01-319-033-0
City		0000 •	Code	Contact Name	•	Phone Nu	mber
Lincoln Type of Ownership		NE 68	516	Kevin Jeppson		40247	16400 OXT 10
Agricultural and Ho	ticultural Society	Educational Organiz	ation	Religious Organization	Charitable Organiz	ation	Cemetery Organization
Name		Title of Officers, Directors, or Partners		Addr	ess, City, State, Zip Co	de	
Kevin Jeppson		Treas	3600 Union	Drive, LIncoln, I	NE 68516		
Dave Merrill		Secr	3600 Union	Drive, Lincoln, I	NE 68516		
Vic Perry		Pres		Drive, Lincoln, I			
		al description of all depreciable of the count of the cou		al property, except licens	sed motor vehicles:		
Agricultural and Ho	orticultural Society of the use of the p		Religious	ble boxes): X Charitable	Cemetery		SEP 07 2017
All organizations, excep	t for an Agricultu	ıral and Horticultural Soci	etv. must comple	ete the following aue	stions	LANCA	NORMAN H. AGENA STER COUNTY ASSESSOR/ EGISTER OF DEEDS
Is all of the property used for Is the property used for Is a portion of the prope If Yes, state the numb	ed exclusively as of financial gain or p erty used for the sa er of hours per we	lescribed above?	ner or organization	n making exclusive use		s 👿 ио	
Is the property owned or national origin?	r used by an orga	nization which discriminates i	n membership or e	employment based on ra	ace, color,	ou 🔽 a	
Under p	enalties of law, I d	eclare that I have examined am duly authorized to sign thi	this exemption app	plication and, to the bes			
sign 、		11011			Trocourer		9-1-17
	d Signature	1 11		Title	Treasurer	Dat	
liele		Reta	ain a copy fo	or your records.			
		For Cour	nty Assessor'	s Recommendati	on	,	
Approval		COMMENTS:					
Approval of a Po	ortion						
☐ Denial		Sig	nature of County A	Assessor		Date	; e
		For Count	v Board of Ed	qualization Use O	niv		7
	that to the best of state of Nebraska.	my knowledge and belief, the				pursuant to	the

County Clerk: A legible copy of this form showing the final decision of the County Board of Equalization must be delivered electronically to the Nebraska Department of Revenue within seven days after the Board's decision.

COMMENTS:

Approved

Denied

Approval of a Portion

\$120 LM

Exemption Application
for Tax Exemption on Real and Personal Property by Qualifying Organizations

FORM

451

Assessor		L. Cl. Mis and		a danial of the aver	ention	
Failure to p	properly complete or time	ely file this app		a denial of the exem	Tax Year	
Name of Organization		County Name Lancaster	2018			
Transformative Life Inc			State Where Incorporate	d	2010	
Name of Owner of Property			NE	u		
Transformative Life Inc			Total Actual Value of Rea	and Personal Property	Parcel ID Number	
Street or Other Mailing Address of Applicant		\$157,000.00		17-19-334-001-000		
PO Box 29341	State Zip	Code	Contact Name	Phone Number		
City Lincoln	529	Adam		4028029508		
Type of Ownership Agricultural and Horticultural Society	Educational Organiza	ation 🔀 F	eligious Organization	Charitable Organiz	cation Cemetery Organization	
Name		Address, City, State, Zip Code				
Adam Luedtke	Adminstrator	7610 Starr	Street Lincoln NE	68505		
ridam Edodino						
The Property at 135 North 31s small offices, and a fellowship	hall with kitchen in th	e basement		9	RECEIVED FEB 1 6 2018	
Property described above is used in the follo	wing exempt category (please	mark the applica	ble boxes):	,		
Agricultural and Horticultural Society		Religious	Charitable	Cemetery	LANGASTER COUNTY ASSESSOR/ HEGISTER OF DEEDS	
All organizations, except for an Agriculture Is all of the property used exclusively as Is the property used for financial gain or Is a portion of the property used for the suffers, state the number of hours per war.	described above?	ner or organizatio	on making exclusive use o	f the property? Y	es 🔀 no	
is the property owned or used by an organizational origin?						
Under penalties of law 1	declare that I have examined am duly authorized to sign thi	is exemption appl	Title	of my knowledge and b	elief, it is correct and Feb 14th 2018 Date	
			or your records.			
	For Cour	nty Assesso	's Recommendation	n		
Approval	COMMENTS:					
Approval of a Portion						
Denial	Sig	gnature of County	Assessor		Date	
, sā	For Coun	ty Board of E	qualization Use O	nly		
I declare that to the best laws of the State of Nebraska	of my knowledge and belief, that.	ne determination i	made by the County Boar	of Equalization is corre	ct pursuant to the	
Approved	COMMENTS:					
Approval of a Portion						
Denied	Sig	gnature of County	Board Member		Date	

Exemption Application
for Tax Exemption on Real and Personal Property by Qualifying Organizations
Read instructions on reverse side.

FORM

	properly complete or time	ely file this app		a denial of the exem	
Name of Organization UNITY LINCOLN			County Name LANCASTER		Tax Year 2018
Name of Owner of Property UNITY LINCOLN			State Where Incorporate NEBRASKA	d	
Street or Other Mailing Address of Applicant			Total Actual Value of Rea	al and Domonal Property	Parcel ID Number
6735 LEXINGTON CIRCLE			\$272,200	a and Fersonal Froperty	17-16-417-047-000
City	State Zip	Code	Contact Name Phone Number		
LINCOLN Type of Ownership	NE 685	505	MICHELE SEEF	ELD	402 580-2119
Agricultural and Horticultural Society	Educational Organiza	ation XR	eligious Organization	Charitable Organiza	ation Cemetery Organization
Name	Title of Officers, Directors, or Partners		Addres	s, City, State, Zip Co	de
MICHELE SEEFELD	TREASURER	6735 LEXING	FON CIRCLE 68505 LI	NCOLN NE 68505	
MERRY FORD	PRESIDENT	6735 LEXING	TON CIRCLE LINCOLI	N NE 68505	
JANET CARLSON	SECRETARY	6735 LEXING	TON CIRCLE LINCOLN	NE 68505	
Legal description of real property and general COTNER COLLEGE ADDITION, E					
COMEN COLLEGE ADDITION, I	5200172, 201 20, 01/2	a LOT ZO LA	W 10 W 10 W 10 10 1	NEI EXT EOT T	DECENIED
					RECEIVED
					MAR 01 2018
Property described above is used in the follow	wing exempt category (please	mark the applical	le boxes):	7	NORMAN H. AGENA
Agricultural and Horticultural Society	Educational	X Religious	Charitable	Cemetery	LANCASTER COUNTY ASSESSOR/ REGISTER OF DEEDS
All aggregations argent for an Aggingh	val and Havilia divisal Casia	h. must sample	to the following guesti		
All organizations, except for an Agricultu Is all of the property used exclusively as d					s 🗌 NO
Is the property used for financial gain or p	rofit to either the owner or owr	ner or organization	n making exclusive use of	the property? YE	s 🛛 NO
Is a portion of the property used for the sa If Yes, state the number of hours per we				YE	s 🛛 NO
Is the property owned or used by an organ or national origin?			. <i>.</i>	YE	
sign here Under penalties of law, I do compilete. I also declare that I do compilete. Authorized Signature	Sheffeld	exemption applic		,	ief, it is correct and \(\frac{2}{-27} \) \(7 - 18 \) Date
			s Recommendation		
Approval			, ricoonmonaution		
☐ Approval of a Portion					
☐ Denial	Sign	nature of County A	ssessor		Date
			ualization Use On		
I declare that to the best of laws of the State of Nebraska.	my knowledge and belief, the	determination ma	ade by the County Board	of Equalization is correct	pursuant to the
Approved	COMMENTS:				
Approval of a Portion				,	
Denied	Sign	ature of County E	oard Member		Date

Exemption Applicationfor Tax Exemption on Real and Personal Property by Qualifying Organizations Read instructions on reverse side.

Failure to	properly c	omplete or time	ely file this app	olication will result in	a denial of the exem	ption.		
Name of Organization UNITY LINCOLN				County Name Tax Year LANCASTER				
Name of Owner of Property UNITY LINCOLN				State Where Incorporate	d			
Street or Other Mailing Address of Applicant					al and Personal Property	Parcel ID Number		
PO BOX 30209				\$6,800	,	P058017		
City	State	Zip	Code	Contact Name		Phone Number		
LINCOLN Type of Ownership	NE	60503		MICHELE SEEF	402 580-2119			
Agricultural and Horticultural Society	Ed	lucational Organiza	tion 🔀 R	eligious Organization	Charitable Organiza	ation Cemetery Organization		
Name	Name Title of Officers, Directors, or Partners			Address, City, State, Zip Code				
MERRY FORD	PRESIDE	NT	PO BOX 30209	LINCOLN NE 68503				
KRIS THALLER	VICE PRE	SIDENT	PO BOX 30209	LINCOLN NE 68503				
JANET CARLSON	SECRETA	NRY	PO BOX 30209	LINCOLN NE 68503				
Legal description of real property and genera	al description	n of all depreciable	tangible persona	property, except licensed	motor vehicles:			
						RECEIVED		
Property described above is used in the follo	vina evemni	t category (please	mark the applicat	ala bayas):		MAR 08 2018		
Agricultural and Horticultural Society		-	Religious	Charitable	Cemetery	NORMAN H. AGENA LANCASTER COUNTY ASSESSOR		
Give a detailed description of the use of the p See above				n de la companya de La companya de la co		REGISTER OF DEEDS		
All organizations, except for an Agricultu Is all of the property used exclusively as o Is the property used for financial gain or p Is a portion of the property used for the sa	escribed ab rofit to eithe ale of alcoho	r the owner or own	er or organization	n making exclusive use of	X YES	s 🔯 no		
If Yes, state the number of hours per we ls the property owned or used by an orgal or national origin?	nization which	ch discriminates in	membership or e	mployment based on race	e, color,	— S ⊠NO		
Under penalties of law, I d complete. I also declare that I a sign here Under penalties of law, I d complete. I also declare that I a Authorized Signature	eclare that I	have examined the horized to sign this	ils exemption applic exemption applic	lication and, to the best of	of my knowledge and beli	ef, it is correct and $ \frac{3-5-18}{\text{Date}} $		
				Recommendation	1			
Approval	CO							
Approval of a Portion								
☐ Denial		Signa	ature of County A	ssessor		Date		
		For County	Board of Ed	ualization Use Onl	V			
I declare that to the best of laws of the State of Nebraska.	my knowled					oursuant to the		
☐ Approved	COI	MMENTS:						
Approval of a Portion			; , , , , , , , , , , , , , , , , , , ,					
☐ Denied		Signa	ature of County B	oard Member		Date		