

File with  
Your County  
Assessor

# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations

Read instructions on reverse side.

FORM  
451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization <b>BRIGHT LIGHTS, INC.</b>		County Name <b>LANCASTER</b>	Tax Year <b>2018</b>
Name of Owner of Property <b>BRIGHT LIGHTS, INC.</b>		State Where Incorporated <b>NEBRASKA</b>	
Street or Other Mailing Address of Applicant <b>5561 SOUTH 48TH STREET, SUITE 220</b>		Total Actual Value of Real and Personal Property <b>\$ 10,771.00</b>	Parcel ID Number <b>P044687</b>
City <b>LINCOLN</b>	State <b>NE</b>	Zip Code <b>68516</b>	Contact Name <b>LISA SYPAL</b>
Type of Ownership		Phone Number <b>402-420-1115</b>	

- Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
SEE ATTACHED		

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

OFFICE FURNITURE, COMPUTER EQUIPMENT, CAMERA EQUIPMENT, AND COMPUTER SOFTWARE

RECEIVED

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

DEC 22 2017

Give a detailed description of the use of the property:

TO USE IN THE ADMINISTRATION AND PROGRAMS OF BRIGHT LIGHTS, INC.

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above?  YES  NO
- 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?  YES  NO
- 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  NO

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 duly authorized to sign this exemption application.

sign  
here

Authorized Signature

Title

Date

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

Approved

COMMENTS: \_\_\_\_\_

Approval of a Portion

Denied

Signature of County Board Member

Date

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.

# Exemption Application

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

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Name of Organization <b>The Catholic Bishop of Lincoln</b>		County Name <b>Lancaster</b>	Tax Year <b>2018</b>
Name of Owner of Property		State Where Incorporated <b>Nebraska</b>	
Street or Other Mailing Address of Applicant <b>3400 Sheridan Boulevard</b>		Total Actual Value of Real and Personal Property <b>\$ 226,600.00</b>	Parcel ID Number <b>16-23-400-007-000</b>
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68506</b>	Contact Name <b>Timothy J. Thorburn</b>
Type of Ownership		Phone Number <b>402-488-0921</b>	

- Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
James D. Conley	President	3400 Sheridan Blvd., Lincoln, NE 68506
Timothy J. Thorburn	Vice-President	3400 Sheridan Blvd., Lincoln, NE 68506
Daniel J. Rayer	Director	3400 Sheridan Blvd., Lincoln, NE 68506

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

Lot 10, Irregular Tract located in the Southeast Quarter of SEction 23, Township 9 North, Range 7 East of the 6th Principal Meridian, Lancaster County, Nebraska

**RECEIVED**

FEB 01 2018

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

Give a detailed description of the use of the property:

Priest residence, religious worship, religious formation, religious education, religious services, parish meetings, and spiritual counseling.

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above? .....  YES     NO  
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? .....  YES     NO  
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     NO

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 duly authorized to sign this exemption application.

sign  
here

Authorized Signature

Title

Vice-President

Date

1/12/2018

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

- Approved    COMMENTS: \_\_\_\_\_  
 Approval of a Portion    \_\_\_\_\_  
 Denied    \_\_\_\_\_  
Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

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.





# Exemption Application

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

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 Children's Center for the Child c/o Finance		County Name Lancaster	Tax Year 2018
Name of Owner of Property Children's Hospital & Medical Center		State Where Incorporated NE	
Street or Other Mailing Address of Applicant 8200 Dodge St		Total Actual Value of Real and Personal Property \$ 38,900.00	Parcel ID Number P058929
City Omaha	State NE	Zip Code 68114	Contact Name Steve Kurtz
		Phone Number 402 955-6681	

Type of Ownership

Agricultural and Horticultural Society     Educational Organization     Religious Organization     Charitable Organization     Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
See attached list		

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

2021 Transformation Drive, Lincoln, NE 68508

All personal property (furniture)

**RECEIVED**

DEC 27 2017

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

Property described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society     Educational     Religious     Charitable     Cemetery

Give a detailed description of the use of the property:

General Office use only. Children's Center for the Child & Community uses the office at Nebraska Innovation Campus to coordinate and facilitate community outreach activities. Such activities include conducting community needs assessments, strategic planning, program development and implementation, education, and facilitation of community improvement planning projects. The Center collaborates with public and private organizations on such activities

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

Is all of the property used exclusively as described above? .....  YES     NO

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? .....  YES     NO

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     NO

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 duly authorized to sign this exemption application.

**sign here**

*Steve Kurtz*  
Authorized Signature

*Mgr. Accounting*    *12/22/17*  
Title    Date

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

Approved    COMMENTS: \_\_\_\_\_

Approval of a Portion    \_\_\_\_\_

Denied    \_\_\_\_\_

Signature of County Board Member    \_\_\_\_\_    Date    \_\_\_\_\_

**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.**



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# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations  
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Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization Children's Hospital & Medical Center c/o Finance		County Name Lancaster	Tax Year 2018
Name of Owner of Property Children's Hospital & Medical Center		State Where Incorporated NE	
Street or Other Mailing Address of Applicant 8200 Dodge St		Total Actual Value of Real and Personal Property \$ 1,425,600.00	Parcel ID Number P058930
City Omaha	State NE	Zip Code 68114	Contact Name Steve Kurtz
Type of Ownership		Phone Number 402 955-6681	

- Agricultural and Horticultural Society  
  Educational Organization  
  Religious Organization  
  Charitable Organization  
  Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
See attached list		

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

2121 South 56th St, Lincoln, NE 68506

All personal property described on the attached list

**RECEIVED**

DEC 27 2017

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society  
  Educational  
  Religious  
  Charitable  
  Cemetery

Give a detailed description of the use of the property:

Medical clinic

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above? .....  YES    NO  
 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? .....  YES    NO  
 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    NO

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 duly authorized to sign this exemption application.

sign  
here

Authorized Signature

*Steve Kurtz*

Title

*Mgr. Acctg.*

Date

*12/22/17*

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

Approved

COMMENTS: \_\_\_\_\_

Approval of a Portion

Denied

Signature of County Board Member

Date

**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.**

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# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations

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FORM  
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Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization DIALYSIS CENTER OF LINCOLN, INC.		County Name LANCASTER	Tax Year 2018
Name of Owner of Property DIALYSIS CENTER OF LINCOLN, INC		State Where Incorporated NEBRASKA	
Street or Other Mailing Address of Applicant 7910 "O" STREET		Total Actual Value of Real and Personal Property \$ 5,897,000.00	Parcel ID Number 17-06-207- <del>X004</del> -X000
City LIINCOLN	State NE	Zip Code 68510-2500	Contact Name KAREL S. SYSEL, CFO
Type of Ownership		Phone Number 402-742-8556	

- Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Schedule of Directors & Officers attached		

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

Address: 3211 Salt Creek Circle Lincoln, Ne 68504

Legal: Lot 4; Block 6 Landmark Corporate Center Addition, Lincoln, Lancaster County Nebraska

Land: \$297,000; Bldg : \$4,900,000; Personal Property: \$ 700,000 ; Total: \$5,870,000

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

RECEIVED

Give a detailed description of the use of the property:

Outpatient dialysis center for the treatment of end-stage renal disease

DEC 18 2017

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above? .....  YES     NO
- 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? .....  YES     NO
- 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     NO

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 duly authorized to sign this exemption application.

sign  
here

Authorized Signature

*Larry Emerson*  
LARRY EMERSON

Title

C.E.O

Date

12/15/2017

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

- Approved    COMMENTS: \_\_\_\_\_
- Approval of a Portion    \_\_\_\_\_
- Denied    \_\_\_\_\_
- Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

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.



2018

File with  
Your County  
Assessor

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

FORM  
451

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 <b>The Dressage Foundation, Inc.</b>			County Name <b>Lancaster</b>	Tax Year <b>2018</b>
Name of Owner of Property <b>The Dressage Foundation, Inc.</b>			State Where Incorporated <b>Nebraska</b>	
Street or Other Mailing Address of Applicant <b>1314 O Street, Suite 305</b>			Total Actual Value of Real and Personal Property <b>\$ 206,900.00</b>	Parcel ID Number <b>10-23440-010-012</b>
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68508</b>	Contact Name <b>Jenny Johnson, Executive Dir.</b>	Phone Number <b>402-434-8585</b>

Type of Ownership

Agricultural and Horticultural Society     Educational Organization     Religious Organization     Charitable Organization     Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
See attached.		

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

Unit 305, Lincoln Flats Condominium, a condominium property regime organized under the laws of the State of Nebraska, Lincoln, Lancaster County, Nebraska, pursuant to the Master Deed and Declaration recorded August 13, 2008, as Instrument No. 2008-38259, amended by First Amendment to Declaration of Lincoln Flats Condominium recorded May 1, 2009, as Instrument No. 2009-22622.

RECEIVED

Property described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society     Educational     Religious     Charitable     Cemetery

OCT 05 2017

Give a detailed description of the use of the property:

This property is the sole permanent office of The Dressage Foundation, a tax-exempt 501(c)(3) entity organized as a nonprofit corporation. The office is used exclusively for its charitable purpose, which is to award grants and scholarships to individuals and groups interested in the equestrian sport of dressage. Grants/scholarships are awarded based on need and merit.

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTERED PROFESSIONAL

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

Is all of the property used exclusively as described above? .....  YES     NO

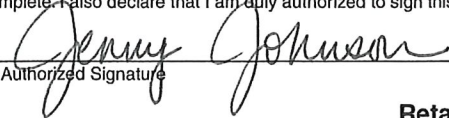
Is the property used for financial gain or profit to either the owner or owner or organization making exclusive use of the property? ..  YES     NO

Is a portion of the property used for the sale of alcoholic beverages? .....  YES     NO

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     NO

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 duly authorized to sign this exemption application.

**sign here**  \_\_\_\_\_ Title **Executive Director** \_\_\_\_\_ Date **10/1/2017**

Retain a copy for your records.

**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 pursuant to the laws of the State of Nebraska.

Approved    COMMENTS: \_\_\_\_\_

Approval of a Portion    \_\_\_\_\_

Denied

Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

**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.**

# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations  
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 <b>The Dressage Foundation, Inc.</b>		County Name <b>Lancaster</b>	Tax Year <b>2018</b>
Name of Owner of Property <b>The Dressage Foundation, Inc.</b>		State Where Incorporated <b>Nebraska</b>	
Street or Other Mailing Address of Applicant <b>1314 O Street, Suite 305</b>		Total Actual Value of Real and Personal Property <b>\$ 9,944.00</b>	Parcel ID Number <b>P055837</b>
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68508</b>	Contact Name <b>Jenny Johnson, Executive Dir.</b>
Type of Ownership		Phone Number <b>402-434-8585</b>	

- Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
See attached.		

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

All the personal property located in Unit 305, Lincoln Flats Condominium, a condominium property regime organized under the laws of the State of Nebraska, Lincoln, Lancaster County, Nebraska, pursuant to the Master Deed and Declaration recorded August 13, 2008, as Instrument No. 2008-38259, amended by First Amendment to Declaration of Lincoln Flats Condominium recorded May 1, 2009, as Instrument No. 2009-22622. See attached.

RECEIVED

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

OCT 05 2017

Give a detailed description of the use of the property:

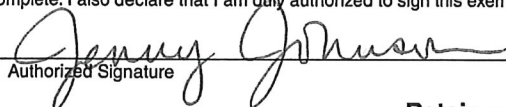
All of the personal property shown in attachment is located in the permanent office of The Dressage Foundation, a 501(c)(3) entity organized as a Nebraska nonprofit corporation. The office is used exclusively for its charitable purpose, which is to award grants and scholarships to individuals and groups interested in the equestrian sport of dressage. Grants/scholarships are awarded based on need and merit.

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
Director of Exempt

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above? .....  YES     NO  
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? .....  YES     NO  
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     NO

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 duly authorized to sign this exemption application.

**sign here**  \_\_\_\_\_ Title Executive Director Date 10/1/2017  
Authorized Signature

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

- Approved    COMMENTS: \_\_\_\_\_  
 Approval of a Portion    \_\_\_\_\_  
 Denied    \_\_\_\_\_  
Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

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.







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# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations  
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451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization <b>Hallam United Methodist Church</b>		County Name <b>Lancaster</b>	Tax Year <del>2017</del> <b>2018</b>
Name of Owner of Property		State Where Incorporated <b>Nebraska</b>	
Street or Other Mailing Address of Applicant <b>PO Box 12</b>		Total Actual Value of Real and Personal Property <b>\$ 13,200</b>	Parcel ID Number <b>07-30-409-004-000</b>
City <b>Hallam</b>	State <b>NE</b>	Zip Code <b>68368</b>	Contact Name <b>Lynette Teselle</b>
Type of Ownership		Phone Number <b>402-791-5756</b>	

- Type of Ownership
- Agricultural and Horticultural Society     Educational Organization     Religious Organization     Charitable Organization     Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
<b>Kathy Stevens</b>	<b>Ad Council Chair</b>	<b>605 W Panama Rd - Martell, NE 68404</b>
<b>Dave Artell</b>	<b>Secretary / Trustee</b>	<b>8941 West Hallam Rd - Hallam, NE 68368</b>
<b>Lynette Teselle</b>	<b>Treasurer</b>	<b>7900 Pella Rd - Firth, NE 68358</b>

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

**Hallam, Block 7, Lot 10-12, S'5**

**RECEIVED**

**NOV 22 2017**

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society     Educational     Religious     Charitable     Cemetery

**NORMAN H. AGENA**  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

Give a detailed description of the use of the property:

**Grass lot used for Church overflow of parking.**

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above? .....  YES     NO
- 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? .....  YES     NO  
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     NO

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 duly authorized to sign this exemption application.

**sign here**

**Lynette Teselle**  
Authorized Signature

**Treasurer**  
Title

**11-17-17**  
Date

Retain a copy for your records.

### For County Assessor's Recommendation

- Approval
- Approval of a Portion
- Denial

COMMENTS: \_\_\_\_\_

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
- Approval of a Portion
- Denied

COMMENTS: \_\_\_\_\_

Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

**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.**



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# Exemption Application

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

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451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization <b>Hallam United Methodist Church</b>		County Name <b>Lancaster</b>	Tax Year <del>2017</del> <b>2018</b>
Name of Owner of Property		State Where Incorporated <b>Nebraska</b>	
Street or Other Mailing Address of Applicant <b>PO Box 12</b>		Total Actual Value of Real and Personal Property <b>\$ 22,000</b>	Parcel ID Number <b>07-30-409-005-000</b>
City <b>Hallam</b>	State <b>NE</b>	Zip Code <b>68368</b>	Contact Name <b>Lynette Teselle</b>
Type of Ownership		Phone Number <b>402-791-5756</b>	

Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
<b>Kathy Stevens</b>	<b>Ad Council Chair</b>	<b>605 W Panama Rd - Martell, NE 68404</b>
<b>Dave Axtell</b>	<b>Secretary/Trustee</b>	<b>8941 West Hallam Rd - Hallam, NE 68368</b>
<b>Lynette Teselle</b>	<b>Treasurer</b>	<b>7900 Pella Rd - Firth, NE 68358</b>

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

**Hallam, Block 7, Lot 13-15**

**RECEIVED**

**NOV 22 2017**

Property described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

**NORMAN H. ACENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS**

Give a detailed description of the use of the property:

**Grass lot used for church overflow of parking.**

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

Is all of the property used exclusively as described above?  YES  NO

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?  YES  NO  
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  NO

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 duly authorized to sign this exemption application.

**sign here** *Lynette Teselle* *Treasurer* *11-17-17*  
Authorized Signature Title Date

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

Approved    COMMENTS: \_\_\_\_\_  
 Approval of a Portion    \_\_\_\_\_  
 Denied    \_\_\_\_\_  
Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

**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.**

File with  
Your County  
Assessor

# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations

Read instructions on reverse side.

FORM  
451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization <b>Immanuel Retirement Communities</b>		County Name <b>Lancaster</b>	Tax Year <b>2018</b>
Name of Owner of Property <b>Attn: Kelle Scott, Controller</b>		State Where Incorporated <b>Nebraska</b>	
Street or Other Mailing Address of Applicant <b>1044 N 115th Street, Suite 500</b>		Total Actual Value of Real and Personal Property <b>\$1,146,900.00</b>	Parcel ID Number <b>16-18-249-002-000</b>
City <b>Omaha</b>	State <b>NE</b>	Zip Code <b>68154</b>	Contact Name <b>Sheila Lindberg</b>
Type of Ownership		Phone Number <b>402-829-6957</b>	

- Agricultural and Horticultural Society  
  Educational Organization  
  Religious Organization  
  Charitable Organization  
  Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
See Attached		

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

**WILLIAMSBURG VILLAGE NORTH 35TH ADDITION, LOT 2**

**SITUS ADDRESS: 6100 FAULKNER DR., LINCOLN  
& 6100 S 34TH STREET, LINCOLN**

**RECEIVED**

**DEC 22 2017**

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society  
  Educational  
  Religious  
  Charitable  
  Cemetery

**NORMAN H. ABENA  
LANCASTER COUNTY ASSESSOR,  
REGISTER OF DEEDS**

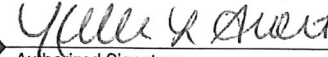
Give a detailed description of the use of the property:

See Attached

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above? .....  YES    NO  
 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? .....  YES    NO  
 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    NO

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 duly authorized to sign this exemption application.

**sign here**  \_\_\_\_\_ Controller \_\_\_\_\_ 12-15-17  
 Authorized Signature Title Date

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

Approved                      COMMENTS: \_\_\_\_\_  
 Approval of a Portion                      \_\_\_\_\_  
 Denied

Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

**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.**



File with  
Your County  
Assessor

# Exemption Application

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

FORM  
451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization MADONNA REHABILITATION HOSPITAL			County Name LANCASTER	Tax Year 2018
Name of Owner of Property MADONNA REHABILITATION HOSPITAL			State Where Incorporated NEBRASKA	
Street or Other Mailing Address of Applicant 5401 SOUTH ST			Total Actual Value of Real and Personal Property \$ 1,099,600	Parcel ID Number 17-32-404-003-000
City LINCOLN	State NE	Zip Code 68506	Contact Name VICTOR WITKOWICZ	Phone Number 402-413-4222

Type of Ownership  
 Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
MARK FAHLESON	CHAIRPERSON	1128 LINCOLN MALL, #300 LINCOLN, NE 68508
GARY PERKINS	VICECHAIR	22621 HOMESTEAD RD ELKHORN, NE 68022
MIKE MCCRORY	SECRETARY	1612 OLD FARM RD LINCOLN, NE 68512

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

NORMAL, BLOCK 1, Lot 4 - 6, EX E16.3' & LOTS 11- 13 & VAC N-S ALLEY ADJ

PROPERTY SITUS ADDRESS: 2121 S. 56TH STREET

RECEIVED

NOV 13 2017

Property described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

Give a detailed description of the use of the property:

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. Leased 9,335 square feet to a pediatric outpatient medical clinic - a non-profit organization. See attached.

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above?  YES  NO
- 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?  YES  NO  
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  NO

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 duly authorized to sign this exemption application.

sign  
here

Authorized Signature

Title

Executive VP & CFO

Date

11-9-2017

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

Approved    COMMENTS: \_\_\_\_\_

Approval of a Portion    \_\_\_\_\_

Denied    \_\_\_\_\_

Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

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.

File with  
Your County  
Assessor

# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations

Read instructions on reverse side.

FORM  
451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization MADONNA REHABILITATION HOSPITAL		County Name LANCASTER	Tax Year 2018
Name of Owner of Property MADONNA REHABILITATION HOSPITAL		State Where Incorporated NEBRASKA	
Street or Other Mailing Address of Applicant 5401 SOUTH ST.		Total Actual Value of Real and Personal Property \$ 47,500.00	Parcel ID Number 17-32-400-004-000
City LINCOLN	State NE	Zip Code 68506	Contact Name VICTOR WITKOWICZ
Type of Ownership		Phone Number 402-413-4222	

- Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
MARK FAHLESON	CHAIRPERSON	1128 LINCOLN MALL, #300 LINCOLN, NE 68508
GARY PERKINS	VICECHAIR	22621 HOMESTEAD RD ELKHORN, NE 68022
MIKE MCCRORY	SECRETARY	1612 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

RECEIVED

NOV 13 2017

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society   
 Educational   
 Religious   
 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 all of the property used exclusively as described above? .....  YES     NO  
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? .....  YES     NO  
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     NO

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 duly authorized to sign this exemption application.

sign  
here

  
Authorized Signature

Executive VP & CFO  
Title

11-9-2017  
Date

Retain a copy for your records.

### For County Assessor's Recommendation

Approval

Approval of a Portion

Denial

COMMENTS: \_\_\_\_\_

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

Approval of a Portion

Denied

COMMENTS: \_\_\_\_\_

Signature of County Board Member

Date

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.



File with  
Your County  
Assessor

# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations

Read instructions on reverse side.

FORM  
451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization <b>NEBRASKA WESLEYAN UNIVERSITY</b>			County Name <b>LANCASTER</b>	Tax Year <b>2018</b>
Name of Owner of Property			State Where Incorporated <b>NEBRASKA</b>	
Street or Other Mailing Address of Applicant <b>5000 ST. PAUL AVE</b>			Total Actual Value of Real and Personal Property <b>\$ 110,000.00</b>	Parcel ID Number <b>17-17-212-010-000</b>
City <b>LINCOLN</b>	State <b>NE</b>	Zip Code <b>68504</b>	Contact Name <b>Benjamin Dahl</b>	Phone Number <b>402-465-2183</b>
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input checked="" type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization				

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
FRED OHLES	PRESIDENT	5000 ST. PAUL AVE LINCOLN, NE 68504
TISH GADE-JONES	VP - FINANCE	5000 ST. PAUL AVE LINCOLN, NE 68504
GREG MASCHMAN	CONTROLLER	5000 ST. PAUL AVE LINCOLN, NE 68504

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

RECEIVED

Property described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

DEC 29 2017

Give a detailed description of the use of the property:

HOUSE USED BY MAINTENACE DEPARTMENT FOR STORAGE

LANCASTER COUNTY ASSESSOR  
REGISTER OF DEEDS

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above? .....  YES     NO
- 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? .....  YES     NO
- 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     NO

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 duly authorized to sign this exemption application.

sign  
here

Authorized Signature

VP-FINANCE

Title

12-19-17

Date

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

Approved    COMMENTS: \_\_\_\_\_

Approval of a Portion    \_\_\_\_\_

Denied    \_\_\_\_\_

Signature of County Board Member    \_\_\_\_\_    Date    \_\_\_\_\_

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.

File with  
Your County  
Assessor

# Exemption Application

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

FORM  
451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization <b>THE PHYSICIAN NETWORK</b>		County Name <b>LANCASTER</b>	Tax Year <b>2018</b>
Name of Owner of Property <b>ATTN: GOOD LIFE BIRTH PLACE</b>		State Where Incorporated <b>NEBRASKA</b>	
Street or Other Mailing Address of Applicant <b>2000 Q STREET, SUITE 500</b>		Total Actual Value of Real and Personal Property <b>\$ 34,511.00</b>	Parcel ID Number <b>NEW- P058931</b>
City <b>LINCOLN</b>	State <b>NE</b>	Zip Code <b>68503</b>	Contact Name <b>ANGELA NOEL</b>
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input checked="" type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization		Phone Number <b>402-343-4413</b>	

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
CLIFF ROBERTSON	CEO	12809 W. DODGE ROAD, OMAHA, NE 68154
JEANETTE WOJTALEWICZ	CFO	12809 W. DODGE ROAD, OMAHA, NE 68154
JOAN NEUHAUS	SVP/COO	12809 W. DODGE ROAD, OMAHA, NE 68154

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

8020 O STREET, LINCOLN, NE 68510  
TANGIBLE PERSONAL PROPERTY (SEE ATTACHED DETAIL).

RECEIVED

DEC 27 2017

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society     Educational     Religious     Charitable     Cemetery

Give a detailed description of the use of the property:

LOCATION OWNED BY THE PHYSICIAN NETWORK, A NON-PROFIT HEALTHCARE ORGANIZATION PROVIDING MEDICAL SERVICES INCLUDING CHARITABLE CARE FOR THOSE WITHOUT FUNDS FOR PAYMENT.

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above? .....  YES     NO
- 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? .....  YES     NO
- 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     NO

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 duly authorized to sign this exemption application.

sign  
here

*Angela Noel*  
Authorized Signature

DIRECTOR, TAX

Title

12/30/2017

Date

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

Approved

COMMENTS: \_\_\_\_\_

Approval of a Portion

Denied

Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

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.



LM 9/7

2018

File with  
Your County  
Assessor

# Exemption Application

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

FORM  
451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization <b>Region V Foundation</b>		County Name <b>Lancaster</b>	Tax Year <b>2017 2018</b>
Name of Owner of Property <b>Region V Foundation</b>		State Where Incorporated <b>NE</b>	
Street or Other Mailing Address of Applicant <b>3600 Union Drive</b>		Total Actual Value of Real and Personal Property <b>\$142,000.00</b>	Parcel ID Number <b>09-01-319-033-000</b>
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68516</b>	Contact Name <b>Kevin Jeppson</b>
Type of Ownership		Phone Number <b>4024716400 ext 101</b>	

- Agricultural and Horticultural Society
  Educational Organization
  Religious Organization
  Charitable Organization
  Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Kevin Jeppson	Treas	3600 Union Drive, Lincoln, NE 68516
Dave Merrill	Secr	3600 Union Drive, Lincoln, NE 68516
Vic Perry	Pres	3600 Union Drive, Lincoln, NE 68516

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

Lot 33, Blk 6, South Hills, Lincoln, Lancaster County, Nebraska

4021 South 20th St. Lincoln, NE 68502

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society
  Educational
  Religious
  Charitable
  Cemetery

RECEIVED

Give a detailed description of the use of the property:

Group Home / Educational Facility for Developmentally Disabled

SEP 07 2017

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above?  YES  NO  
 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?  YES  NO  
 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  NO

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 duly authorized to sign this exemption application.

sign here

Authorized Signature

Treasurer

Title

9-1-17

Date

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

- Approved COMMENTS: \_\_\_\_\_  
 Approval of a Portion \_\_\_\_\_  
 Denied \_\_\_\_\_  
 Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

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.

2/20 LM

File with  
Your County  
Assessor

# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations

Read instructions on reverse side.

FORM  
451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization Transformative Life Inc		County Name Lancaster	Tax Year 2018
Name of Owner of Property Transformative Life Inc		State Where Incorporated NE	
Street or Other Mailing Address of Applicant PO Box 29341		Total Actual Value of Real and Personal Property \$157,000.00	Parcel ID Number 17-19-334-001-000
City Lincoln	State NE	Zip Code 68529	Contact Name Adam
			Phone Number 4028029508

Type of Ownership

Agricultural and Horticultural Society     Educational Organization     Religious Organization     Charitable Organization     Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Adam Luedtke	Adminstrator	7610 Starr Street Lincoln NE 68505

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:  
 The Property at 135 North 31st Street Lincoln NE 68503 is a 1,700 sq feet Church Facility. It has a 1000 sq santucary, two small offices, and a fellowship hall with kitchen in the basement.

Tuttles Subdivision (PT SESW 19-10-7) Block 5, Lots 1-2

**RECEIVED**  
FEB 16 2018

Property described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society     Educational     Religious     Charitable     Cemetery

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

Give a detailed description of the use of the property:  
 The property will be used for Transformative Life DBA Contemplate Lincoln Church. We will hold religious services, small groups, spiriutal direction, community service, disturbute food, and serve meals.

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

Is all of the property used exclusively as described above? .....  YES     NO

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? .....  YES     NO

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     NO

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 duly authorized to sign this exemption application.

**sign here**  \_\_\_\_\_ Title Adminstrator Date Feb 14th 2018

Authorized Signature

Retain a copy for your records.

**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 pursuant to the laws of the State of Nebraska.

Approved    COMMENTS: \_\_\_\_\_

Approval of a Portion    \_\_\_\_\_

Denied    \_\_\_\_\_

Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

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.



# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations  
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 UNITY LINCOLN		County Name LANCASTER	Tax Year 2018
Name of Owner of Property UNITY LINCOLN		State Where Incorporated NEBRASKA	
Street or Other Mailing Address of Applicant 6735 LEXINGTON CIRCLE		Total Actual Value of Real and Personal Property \$272,200	Parcel ID Number 17-16-417-047-000
City LINCOLN	State NE	Zip Code 68505	Contact Name MICHELE SEEFELD
Type of Ownership		Phone Number 402 580-2119	

- Agricultural and Horticultural Society   
 Educational Organization   
 Religious Organization   
 Charitable Organization   
 Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
MICHELE SEEFELD	TREASURER	6735 LEXINGTON CIRCLE 68505 LINCOLN NE 68505
MERRY FORD	PRESIDENT	6735 LEXINGTON CIRCLE LINCOLN NE 68505
JANET CARLSON	SECRETARY	6735 LEXINGTON CIRCLE LINCOLN NE 68505

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:  
COTNER COLLEGE ADDITION, BLOCK2, LOT 23, S1/2 & LOT 25 EX W 10' & NANCY'S REPLAT LOT 1

# RECEIVED

MAR 01 2018

Property described above is used in the following exempt category (please mark the applicable boxes):

- Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

NORMAN H. AGENA  
LANCASTER COUNTY ASSESSOR/  
REGISTER OF DEEDS

Give a detailed description of the use of the property:

Worship services, spiritual growth classes for adults and youth, prayer and meditation circles

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above? .....  YES  NO  
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? .....  YES  NO  
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  NO

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 duly authorized to sign this exemption application.

sign here

*Michele Seefeld*  
Authorized Signature

*Treasurer*  
Title

*2-27-18*  
Date

Retain a copy for your records.

### 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 pursuant to the laws of the State of Nebraska.

- Approved    COMMENTS: \_\_\_\_\_  
 Approval of a Portion    \_\_\_\_\_  
 Denied    \_\_\_\_\_  
Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

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.

