

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 Bryan Physician Network			County Name Lancaster	Tax Year 2018
Name of Owner of Property Bryan Physician Network			State Where Incorporated Nebraska	
Street or Other Mailing Address of Applicant Attn: Management Acctg., 1600 S 48th Street			Total Actual Value of Real and Personal Property \$512,900.00	Parcel ID Number 16-11-114-001-000
City Lincoln	State NE	Zip Code 68506	Contact Name Julie Lacy	Phone Number 402-481-8966

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
Russell Gronewold	Trustee	1600 S. 48th Street, Lincoln, NE 68506
Eric Mooss	President	1600 S. 48th Street, Lincoln, NE 68506
Albert Owusu-Ansah, MD	Chairman	1600 S. 48th Street, Lincoln, NE 68506

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:
Pioneer Greens, 6th Addition, Lot 1

RECEIVED

DEC 21 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:

The building is still in the planning phase; however, at a minimum, it will be a one story building used by Bryan Physician Network for outpatient primary care services.

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 & CFO
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.

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 Christ Lutheran Church			County Name Lancaster	Tax Year 2018
Name of Owner of Property Christ Lutheran Church Lincoln Nebraska			State Where Incorporated Nebraska	
Street or Other Mailing Address of Applicant 4325 Sumner St			Total Actual Value of Real and Personal Property \$ 443,200.00	Parcel ID Number 16-21-431-001-000
City Lincoln	State NE	Zip Code 68516	Contact Name Kent D. Weishahn	Phone Number 402-483-7774

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
Torin Berge	Chair	7724 S 81st St Lincoln NE 68516
Kyle Kaldahl	Vice Chair	485 Adams St Bennett NE 68317
Chris Dibbern	Secretary	9411 Thornwood Dr Lincoln NE 68512

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

Village Meadows 16th Addition, Block 3, Lot 1

RECEIVED

NOV 03 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:

Will be constructing a building for worship/education/child care *in 2018*
Currently empty land, until construction

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

Kent D. Weishahn
Authorized Signature

Director of Operations

10/27/2017
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.