

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 Medical Center			County Name Lancaster	Tax Year 2017 <b>2018</b>
Name of Owner of Property Bryan Medical Center			State Where Incorporated Nebraska	
Street or Other Mailing Address of Applicant 1600 S. 48th Street			Total Actual Value of Real and Personal Property \$1,420,400.00	Parcel ID Number 17-32-237-001-000
City Lincoln	State NE	Zip Code 68506	Contact Name Jon Peppmuller <b>Julie Laoy</b>	Phone Number (402)481-8987 <b>481-8966</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				

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Kim Russel	CEO	1600 S. 48th St., Lincoln, NE 68506
Russ Gronewold	CFO	1600 S. 48th St., Lincoln, NE 68506
John Woodrich	COO	1600 S. 48th St., Lincoln, NE 68506

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:  
Bryan East Addition, Lot 1

RECEIVED

NOV 16 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:

Ambulatory Surgery Center/Medical Office Building

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

*Russ Gronewold*

Title

CFO

Date

11-7-17

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  
**451**

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

Name of Organization IRC II, INC		County Name Lancaster	Tax Year 2018
Name of Owner of Property Attn: Kelle Scott, Controller		State Where Incorporated Nebraska	
Street or Other Mailing Address of Applicant 1044 N 115th Street, Suite 500		Total Actual Value of Real and Personal Property \$8,806,100.00	Parcel ID Number P-022193-01
City Omaha	State NE	Zip Code 68154	Contact Name Sheila Lindberg
Type of Ownership		Phone Number 402-829-6957	

- 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

PINE LAKE HEIGHTS SOUTH 11TH ADDITION, BLOCK 1, LOT 1

**RECEIVED**

DEC 28 2017

Situs Address: 8401 S. 33RD STREET, LINCOLN

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:

Personal property is to operate and maintain the senior assisted living and memory support community and related programs for seniors to meet their physical, emotional, recreational, social and religious needs.

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

*Kelle Scott*

Title

Controller

Date

12-22-17

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.**