

AGENDA  
March 25, 2025

---

1. Please silence all cell phones
2. Pledge Allegiance and Prayer
3. Roll Call
4. Inform public of the posting of the open meeting laws
5. The meeting notice was published in the Columbus Telegram on Tuesday, March 18th, 2025 and the Humphrey Democrat on Wednesday, March 19th, 2025.
6. Approval of agenda as written
7. Approve the minutes of February 25th, 2025
8. **Discussion and possible action on the following:**
9. County Treasurer
  - 9.a. Motion to Open the Hearing
  - 9.b. Motion to close the Hearing
  - 9.c. Requesting approval of the following Motor Vehicle Exemptions as presented by the County Treasurer: 1C, A Mission Church of the LCMS
10. County Assessor
  - 10.a. Requesting approval of Tax List Correction(s) #14977-#14979 on Real Estate and/or Personal Property
  - 10.b. Motion to Open the Hearing on Permissive Exemptions
  - 10.c. Motion to Close the Hearing on Permissive Exemptions
  - 10.d. Consideration of Permissive Exemptions as presented by the County Assessor
11. Motion to adjourn to April 22nd, 2025 at 9:10 a.m.
12. Please silence all cell phones
13. Roll call
14. Inform public of the posting of the open meeting laws
15. The meeting notice was published in the Columbus Telegram on Tuesday, March 18th, 2025 and the Humphrey Democrat on Wednesday, March 19th, 2025.
16. Approve the agenda as written
17. Approve the minutes for March 11, 2025 as written
18. **Discussion and possible action on the following:**
19. Victims Assistance - Kassy Grant
  - 19.a. Consideration of Resolution 25-02, declaring April 2025 Child Abuse Prevention Month

- 19.b. Consideration of Pinwheels on the Courthouse Lawn, & Wear Blue Day - Friday, April 4th, 2025.
20. Weed Superintendent - Mark Borchers
  - 20.a. Consideration of Department of Ag Annual Assessment
21. Highway Department
  - 21.a. Road Report
  - 21.b. Consideration of Utility Permit for Midstates Data MJ221
  - 21.c. Consideration of Culvert Bids
  - 21.d. Consideration of setting a date for a Public Hearing for the sale of county property
22. Consideration of entering into closed session to discuss pending litigation
23. Committee Reports
24. Motion to accept, file and credit the proper accounts in correspondence; Monthly fee reports, US Dept of Transportation, Federal Railroad Administration - Nebraska Central Railroad Company Rail Enhancements Project, County Treasurer - Fund Balance Listing for 2/28/25, Certificate of Liability Insurance for Bierman Contracting, Inc., Northeast Nebraska Solid Waste Coalition, Platte County Treasurer - Certification of County Tax Sale, County Treasurer Receipts \$55,785.45
25. Motion to approve claims
26. Public Comments
27. Motion to Adjourn to April 8th, 2025 at 9:00 a.m.

The agenda for the meeting subject to change, is kept continuously current and is available for public inspection at the office of the County Clerk in the Platte County Courthouse, Columbus, Nebraska.

Columbus, Nebraska  
March 11, 2025  
Tuesday, A.M.

Pursuant to adjournment the Platte County Board of Supervisors met in session beginning at 9:00 a.m. Jennifer E. Brown, County Clerk, Kim Kwapnioski, Chairperson.

Roll Call and the following members present: Supervisors Harms, Lloyd, Ott, Reilly, Trouba and Chairperson Kwapnioski  
Absent: Supervisor Micek

The Chairperson informed the public of the posting of the open meeting laws.

The meeting notice was published in the Columbus Telegram on March 4, 2025 and the Humphrey Democrat on March 5, 2025.

Approval of agenda as written

Approval of the minutes of February 25, 2025.

Rachel Pensick, Joint Communications Center asked the County board to consider the purchase of replacement batteries for UPS and a three-year service contract with Eaton.

Motion, Supervisor Trouba, seconded Supervisor Lloyd, to approve the purchase of replacement batteries for UPS from Eaton in the amount of \$27,592.94.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Trouba, seconded Supervisor Reilly, to approve the Three-Year Service Contract with Eaton for the amount of \$20,004.30.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Theresa Grape, Columbus Area Convention and Visitors Bureau asked the County Board to consider the renewal of ITI Digital Events/Places website module and approval of Placer.ai invoice.

Motion, Supervisor Harms, seconded Supervisor Trouba, to approve ITI Digital Events/Places website module renewal in the amount of \$13,000.00.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Harms, seconded Supervisor Reilly, to approve Placer.ai invoice for \$23,500 - \$7,830 from promotion fund, and \$15,670 from the improvement fund.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Tim Hofbauer, Emergency Management/IT discussed Cost Sharing with the City of Columbus on the repair of a fiber vault, fiber optic cable and a hanging furnace unit in the Emergency Management Motor Pool with the County Board. He also gave a recap of recent flooding on the Loup River.

Motion, Supervisor Harms, seconded Supervisor Ott, to approve Cost Sharing with the City of Columbus, the repair of a fiber vault, and fiber optic cable \$4,276.75 from the IT Infrastructure Budget.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Trouba, seconded Supervisor Harms, to approve Cost Sharing with the City of Columbus, the replacement of a hanging furnace unit in the Emergency Management Motor Pool in the amount of \$3,205.00 to come from Building and Grounds, Misc line, half to be billed to City of Columbus, and reimbursed to Platte County.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

The County Attorney and the County Board reviewed the interlocal agreement with the City of Columbus for prosecution. A one-year extension with a revised annual cost of \$50,206.32 (\$4,183.86/month).

Motion, Supervisor Reilly, seconded Supervisor Lloyd, to approve the Second Extension Agreement of the prosecution contract with the City of Columbus.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Lloyd, seconded Supervisor Reilly, to approve Midstates Utility Applications as presented.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Abstain (With Conflict), Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Lloyd, seconded Supervisor Reilly, to approve the purchase of a hot plate trailer in the amount of \$47,455 from Rose Equipment.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Abstain (With Conflict), Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Harms, seconded Supervisor Reilly, to approve the purchase of a truck in the amount of \$61,739. from Sid Dillon.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Abstain (With Conflict), Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

The Highway Department Road Report was given by Justin Laudenklos and Jane Cromwell.

Committee Reports: Supervisor Lloyd - No Report. Supervisor Trouba - will be participating with the Chamber for Government Day next week for the Leadership Class. Chair Kwapnioski - No Report. Supervisor Ott - No Report. Supervisor Reilly - Thanked everyone who helped with the surplus project, shared that the Weed Department building roof is still leaking after last year's repairs. They are not getting callbacks for warranty work, so they are looking at next steps. Supervisor Harms - No Report

Motion, Supervisor Reilly, seconded Supervisor Lloyd, accept, file and credit the proper accounts in correspondence: Cancel General Fund check no. 02254228 to Butler County Sheriff \$31.43 - duplicate payment by County Attorney's Office, Nebraska Bankers Insurance and Services Company - Bank Compliance Report for month ending 12/31/24 & 1/31/25, City of Columbus - Notice of Public Hearings - Redevelopment Plan for Cottonwood Heights Redevelopment Project, NE Dept of Environment & Energy NPDES General Permit for Operations for Foltz Farms Concentrated Animal Feeding Operation, NDOT - Maintenance

SUPERVISORS RECORD NO. 49

Yard, Columbus, NE, Lower Loup Natural Resources District - 2024  
 Columbus Area Recharge Report, County Treasurer Receipts \$56,150.27  
 Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly:  
 Aye, Trouba: Aye  
 Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Lloyd, seconded Supervisor Trouba, that the  
 following claims be approved and that the County Clerk be ordered to  
 issue checks of the same on the respective funds.  
 Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly:  
 Aye, Trouba: Aye  
 Whereupon the Chairperson declared the motion carried.

GENERAL FUND

Check Nos. 03250001-03250156 & 03254737-03254874, Incl.,

Total Net Payroll		\$224,937.88
Ace Hardware	Bldg Supp	10.58
Affordable Language Serv	Interpreter Serv	659.70
AFLAC Insurance	Aflac-Empl (ck 03254739)	356.85
All Makes	Off Maint Repair	5.32
All Makes	Off Maint Repair	39.69
All Makes	Print/Publ	23.64
All Makes	Data Proc Sftwr Mtce/Supp	15.28
ARL Credit Services	Garn-Empl (ck 03254744)	243.53
ARL Credit Services	Garn-Empl (ck 03254745)	362.54
ARL Credit Serv/Butler Co	Garn-Empl (ck 03254746)	405.17
Awards & Engraving	Misc	65.00
Awards & Engraving	Misc	65.00
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254749)	10,657.50
BCBSNE	Health/Accident	241,846.64
Bear Graphics	Stat/Env	166.84
Big Red Printing	Off Supp	244.10
Bob Barker Company	Inmate Prov	271.32
Casey's Mail Service	Post	59.63
Consolidated Elect Distributer	Bldg Rep	3,775.40
CEDARS	Preadjudication Serv	727.00
Chad's Collision Center	Car Repair-Road Fund	303.00
Charm-Tex Inc	Jail Bldg Rep	132.30
City of Columbus	Water/Sewer	579.02
Columbus Transfer Station	Misc	97.29
City of Columbus	E-911 Misc	127,182.59
Clearlyfly	Tele Serv	1,946.52

SUPERVISORS RECORD NO. 49

Clerk of District Court	Post	73.62
Clerk of District Court	Dist Crt Csts	130.00
CNC Repair LLC	Truck Repair/Parts	1,009.02
Colfax Co Sheriff	Dist Crt Csts	18.50
Colonial Life	Life Ins-Empl (ck 03254766)	134.28
Columbus Area United Way	UW-Empl (ck#03254767)	63.00
Columbus Bank & Trust Co	Bank Charges	15.00
Columbus Custom Embroid	Quartermaster	368.00
Lee Enterprises	Print/Publ	490.68
Column Software	Print/Publ	12.22
Column Software	Print/Publ	429.11
Culligan of Columbus	Janit Sup	127.50
DAS St Acctg	Teletype Serv	307.20
DAS St Acctg	Tele Serv	165.46
DAS St Acctg	Tele Serv	165.46
DAS St Acctg	Teletype Serv	307.19
DAS St Acctg	Reg HSG 2022	700.00
Douglas Co Court	Crt Csts	5.00
Drivers License Guide Co	Co Law Libr	33.95
Eakes	Off Supp	58.25
Eakes	Off Eq Rep	106.58
Eakes	Off Supp	97.42
Eakes	Janit Supp	339.92
Eakes	Off Supp	7.79
Eakes	Off Supp	419.42
Eakes	Data Proc Sftwr/Off Supp	311.11
Egan Supply Co	Janit Supp/Law Enf Supp	508.76
Election Systems & Software	Voting Supp	856.71
Endpoint Solutions LLC	Reg HSG 2022	4,500.00
First Concord Benefits Grp	125 Flex-Adm Csts	190.00
First Concord Benefits Grp	125 Flex-Empl(03254792)	2,781.50
Forensic Behavioral Health	Expert Witness	4,275.00
Dave Foster	Vets Trans Prog	100.00
FP Mailing Solutions	Post	702.56
Garratt Callahan Co	Cooling Syst Maint	402.50
Grainger	Bldg Supp	103.68
Great Plains Uniforms	Quartermaster	247.47
Ralph Hefti	Vet Trans Prog	50.00
HyVee	Fuel	86.25
HyVee	Vets Trans Prog	128.96
HyVee	Fuel	212.81
HyVee	Fuel	3,903.92
Indoff	Off Supp	47.96
Indoff	Off Supp	136.99

## SUPERVISORS RECORD NO. 49

Indoff	Off Supp	109.98
Intab LLC	Voting Supp	156.87
Jackson Services	Janit Supp	105.13
Jackson Services	Bldg Supp	54.01
Brian Kluck	Mental Health Board Csts	187.50
Sue Krogmann	Reg HSG 2023	3,500.00
Lancaster Co Sheriff	Dist Crt Csts	26.19
Legalshield	Lglsl-Empl (ck 03254813)	20.95
Loffler Co	Off Eq Rep	51.00
Loup Power Dist	Elect/Htg/Gas	5,514.31
M.L. Smith Law Office	Crt Appt Coun	3,900.00
Madison Co Sheriff	Dist Crt Csts	68.32
Madison Co Sheriff	Dist Crt Csts	48.91
Madison Moore	Co Crt Csts	20.00
Mike McDermott	Adm Csts	1,075.00
Menards	Bldg Supp	259.80
Menards	Janit Supp	342.86
Menards	Bldg Supp	143.20
Metropolitan Compounds Inc	Bldg Supp	484.00
Microfilm Imaging Syst	Data Proc Eq	140.00
Microfilm Imaging Syst	Eq Rent-Office	224.00
Microfilm Imaging	Micro/Photo	345.00
MIPS	Tele Serv/Data Proc Csts	788.47
MIPS	Data Proc Sftwr	1,610.39
MIPS	Data Proc Sftwr	2,728.65
MIPS	Micro/Photo/Data Prc Sftwr	764.28
Motion Connected	Ins Premiums	4,602.00
MOTION	Bldg Supp	26.24
Eric Mullally	Mileage	98.00
Mike Mulligan	Vets Trans Prog	200.00
Nationwide Retirement Sol	Ann-Empl (ck 03254836)	1,087.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 03254837)	11,065.17
NE Public Health Env Lab	Sheriff Csts	105.00
NE Assoc of Emrgncy Mgmt	Reg HSG 2022	500.00
Northwest Electric LLC	Bldg Rep	820.36
Novicki Fire Prevention Serv	Bldg Supp	170.00
Paper Tiger Shredding	Misc	256.00
Pell Reporting	Co Crt Csts	349.50
Platte Co Attorney	Crt Csts	23.25
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254845)	24,933.80
PC Clerk/NCSPC	Garn-Empl (ck 03254846)	1,097.08
PC Clerk/OASI	Soc Sec-Empl (ck 03254847)	23,330.79
PC Clerk/OASI	Soc Sec-Match	23,330.79
PC Court	Crt Csts	1,441.59

SUPERVISORS RECORD NO. 49

PC Sheriff	PCSO State Fees	2,203.55
Platte Co Sheriff	Post	37.10
Platte Valley Communicatns	Radio Repair	633.60
Principal Life Ins Grp	Dent-Empl (ck 03254852)	2,501.55
Principal Life Ins Grp	Life Ins-Empl (ck 03254853)	1,386.07
Principal Life Ins Grp	ADD & Life Ins	537.15
Principal Life Ins Grp	Vision-Empl (ck 03254854)	621.58
Retire Plans Div of Ameritas	Co Retire-Empl (ck 03254855)	16,044.49
Retire Plans Div of Ameritas	Co Retire-Match	23,272.73
Jadyn Rother	Co Crt Csts	124.00
Rutt's Heating	Jail Bldg Rep	380.01
ServiceMaster by Shevlin	Handi-man/Misc Labor	10,214.00
Shana Hirschbrunner	Misc	89.99
Sipple, Hansen Law Office	Crt Appt Coun	2,621.25
Stratton, DeLay, Doele, Carlson, Buettner	Crt Appt Coun	5,300.00
Summit Food Service	Food/Bev	10,330.32
T-Bone	Fuel	65.60
TK Elevator Corp	Elevator Repair	719.63
U & I Sanitation Serv	Garbage	284.25
U.S. Cellular	Internet Serv	54.79
Verizon	Tele	40.01
Verizon	Off Supp	40.02
Verizon	Internet Serv	803.13
Verizon	Off Eq Rep	398.02
Mark Wangler	Vets Trans Prog	200.00
Tristan Welch	Mental Health Board	125.00
Blake Wert	Mile	47.60
Zelle Human Resource Sol	HR Adm/Mile	10,612.70
	Total	\$846,103.61
Previous amount allowed during current budget year		12,441,273.39
Total amount allowed to date		\$13,287,377.00

ROAD-BRIDGE FUND

Check Nos. 03250157-03250189 & 03254875-03254911, Incl.,

Total Net Payroll		\$53,220.82
AFLAC Insurance	Aflac-Empl (ck 03254875)	159.44
Arnold Motor Supply	Rd Eq Rep/Shp Tls/Shp Supp	2,858.13
B's Enterprises Inc	Asphalt	6,750.00
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254878)	2,552.50
Black Strap Inc	Chem Supp	8,121.60
Bomgaars	Safety Eqp	790.42

SUPERVISORS RECORD NO. 49

Central Sand & Gravel	Gravel/Borrow	6,156.92
Colonial Life	Life Ins-Empl (ck 03254882)	130.25
Commercial Indust Supp	Bldg Rep	1,163.24
Credit Management Serv	Garn-Empl (ck 03254884)	289.05
Jane Cromwell	Mile	347.20
Eakes	Off Supp	308.62
First Concord Benefits Grp	125 Flex-Empl (ck 03254887)	50.00
Jackson Services	Janit Supp	80.81
LCL Truck Equipment	Rd Eq Rep	265.20
Menards	Asphalt	1,041.88
Powerplan-Murphy Tractor	Rd Eq Rep/Comm Eq Rep	2,405.77
Nationwide Retire Sol	Ann-Empl (ck 03254892)	25.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 03254893)	2,699.28
NE Dept of Rev	Garn-Empl (ck 03254894)	500.00
NMC Inc	Rd Eq Rep	859.80
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254896)	6,027.21
PC Clerk/NCSPC	Garn-Empl (ck 03254897)	368.78
PC Clerk/OASI	Soc Sec-Empl (ck 03254898)	5,526.13
PC Clerk/OASI	Soc Sec-Match	5,526.13
Principal Life Ins Grp	Dent-Empl (ck 03254899)	484.05
Principal Life Ins Grp	Life Ins-Empl (ck 03254900)	181.81
Principal Life Ins Grp	Vis Ins-Emp (ck 03254901)	120.66
Retire Pln Div of Ameritas	Co Retire-Empl (ck 03254902)	3,399.01
Retire Pln Div of Ameritas	Co Retire-Match	5,098.53
Rose Equipment	Rd Eq Rep	2,162.56
Sapp Bros Petroleum	Htg Fuels	2,543.29
Schieffer Signs	Shop Supp	30.00
Sioux City Truck Sales Inc	Rd Eq Rep	978.65
Smith Fertilizer & Grain Co	Chem Supp	10,299.47
T-Bone Truck Stop	Eq Fuel	7,764.78
Truck Center Co	Rd Eq Rep	412.27
Truck Equipment Serv Co	Rd Eq Rep	239.43
Zieglers	Shop Supp	16.25
	Total	\$141,954.94
Previous amount allowed during current budget year		9,064,071.82
Total amount allowed to date		\$9,206,026.76

COMPREHENSIVE JUVENILE SERVICES FUND

Check Nos. 03250190-03250194 & 03254912-03254923, Incl.,

Total Net Payroll		\$4,345.69
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254912)	205.00
CDW Gov	Off Supp	90.01

SUPERVISORS RECORD NO. 49

Eakes	Off Supp	179.89
NE Dept of Rev/PC Clk	State Tax-Empl (ck 03254915)	162.22
Nebraska Juvenile Justice	Program Operating Supp	350.00
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254917)	288.24
PC Clerk/OASI	Soc Sec-Empl (ck 03254918)	409.64
PC Clerk/OASI	Soc Sec-Match	409.64
Platte Valley Diversion	Program Operating Supp	33.19
Principal Life Ins Grp	Dent-Empl (ck 03254920)	52.09
Principal Life Ins Grp	Vision-Empl (ck 03254921)	15.26
Provantage LLC	Program Operating Supp	2,483.28
Retire Plns Div Ameritas	Co Retire-Empl (ck 03254923)	149.21
Retire Plns Div Ameritas	Co Retire-Match	223.81
	Total	\$9,397.17
Previous amount allowed during current budget year		113,193.45
Total amount allowed to date		\$122,590.62

CHILD SUPPORT ENFORCEMENT FUND

Check Nos. 03250195-03250197 & 03254924-03254933, Incl.,

Total Net Payroll		\$3,978.45
AFLAC Insurance	Aflac-Empl (ck 03254924)	47.91
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254925)	205.00
Microfilm Imaging Syst	Data Processing Rental	188.00
NE Dept Rev/PC Clk	State Tax-Empl (ck 03254927)	147.76
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254928)	330.29
PC Clerk/OASI	Soc Sec-Empl (ck 03254929)	389.95
PC Clerk/OASI	Soc Sec-Match	389.95
Principal Life Ins Grp	Dent-Empl (ck 03254930)	52.09
Principal Life Ins Grp	Life Ins-Empl (ck 03254931)	7.24
Principal Life Ins Grp	Vision-Empl (ck 03254932)	15.26
Retire Plns Div Ameritas	Co Retire-Empl (ck 03254933)	243.80
Retire Plns Div Ameritas	Co Retire-Match	365.70
	Total	\$6,361.40
Previous amount allowed during current budget year		131,828.00
Total amount allowed to date		\$138,189.40

COUNTY VISITOR PROMOTION FUND

Check Nos. 03250198-03250199 & 03254934-03254949, Incl.,

Total Net Payroll		\$2,480.18
Amplified Digital	Print/Publ	250.00
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254935)	37.50

SUPERVISORS RECORD NO. 49

Columbus Area United Way	UW – Empl (ck 03254936)	5.00
CTM Media Group Inc	Print/Publ	1,762.50
First Concord Benefits Grp	125 Flex-Empl (ck 03254938)	37.50
Theresa Grape	Mileage/Lodging	644.68
NE Child Support Enf Assoc	Visit Dev Act	400.00
NE Dept Rev/PC Clk	State Tax-Empl (ck 03254941)	108.68
Nei-Turner Media Group	Print/Publ	1,000.00
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254943)	195.35
PC Clerk/OASI	Soc Sec-Empl (ck 03254944)	240.30
PC Clerk/OASI	Soc Sec-Match	240.30
Platte Valley Printing	Print/Publ	211.95
Principal Life Ins Grp	Dent-Empl (ck 03254946)	12.83
Ret Plns of Ameritas	Co Retire-Empl (ck 03254947)	111.63
Ret Pln Div of Ameritas	Co Retire-Match	167.45
Karen Schlautman	Mileage/Meals	175.72
Verizon	Tele	47.94
	Total	\$8,129.51
Previous amount allowed during current budget year		144,521.94
Total amount allowed to date		\$152,651.45

HIA/SELF FUNDING INSURANCE FUND

Check Nos. 03254950-03254951, Incl.,

Columbus Bank & Trust	Ins Prem	\$30.00
UHC/Platte Co Health Ins	Ins Prem	3,156.48
	Total	\$3,186.48
Previous amount allowed during current budget year		238,850.10
Total amount allowed to date		\$242,036.58

ADULT PRE-TRIAL DIVERSION FUND

Check Nos. 03250200 & 03254952-03254961, Incl.,

Total Net Payroll		\$904.24
BCBSNE Healthcare	Emp Sh Hlth Ins (ck #03254952)	37.50
First Concord Benefits Grp	125 Flex-Empl (ck 03254953)	80.00
Nationwide Retirement Sol	Ann-Empl (ck 03254954)	200.00
NE Dept Rev/PC Clk	State Tax-Empl (ck 03254955)	94.17
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254956)	150.45
PC Clerk/OASI	Soc Sec-Empl (ck 03254957)	119.22
PC Clerk/OASI	Soc Sec-Match	119.22
Principal Life Ins Grp	Dent-Empl (ck 03254958)	15.30
Principal Life Ins Grp	Life Ins-Empl (ck 03254959)	14.04

SUPERVISORS RECORD NO. 49

Principal Life Ins Grp	Vision-Empl (ck 03254960)	4.76
Retire Plns Div Ameritas	Co Retire-Empl (ck 03254961)	76.32
Retire Plns Div Ameritas	Co Retire-Match	114.48
	Total	\$1,929.70
Previous amount allowed during current budget year		34,341.85
Total amount allowed to date		\$36,271.55

VICTIM ASSISTANCE FUND

Check Nos. 03250201-03250202 & 03254962-03254971, Incl.,

Total Net Payroll		\$3,465.05
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254962)	37.50
Eakes	Off Supp	118.02
Nationwide Retirement Sol	Ann-Empl (ck 03254964)	25.00
Nat'l Organization for Victim Advocacy	Reg	1,300.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 03254966)	132.69
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254967)	230.33
PC Clerk/OASI	Soc Sec-Empl (ck 03254968)	336.24
PC Clerk/OASI	Soc Sec-Match	336.24
Principal Life Ins Grp	Dent-Empl (ck 03254969)	12.83
Principal Life Ins Grp	Life Ins-Empl (ck 03254970)	5.90
Ret Pln Div of Ameritas	Co Retire-Empl (ck 03254971)	200.06
Ret Pln Div of Ameritas	Co Retire-Match	300.07
	Total	\$6,499.93
Previous amount allowed during current budget year		194,230.72
Total amount allowed to date		\$200,730.65

COVID AMERICAN FUND

Check Nos. 03254972-03254973, Incl.,

CDW-Gov	Covid American Rescue	\$23,896.14
Village of Monroe	Covid American Rescue	124,925.00
	Total	\$148,821.14
Previous amount allowed during current budget year		1,153,034.14
Total amount allowed to date		\$1,301,855.28

LAW ENFORCEMENT FUND

Check Nos. 03254974, Incl.,

Central Comm College	Breath Analysis	\$342.00
----------------------	-----------------	----------

SUPERVISORS RECORD NO. 49

Previous amount allowed during current budget year	113,599.04
Total amount allowed to date	<u>\$113,941.04</u>

DISTRICT PROBATION FUND

Check Nos. 03254975-03254981, Incl.,

Amazon Capital Serv	Off Supp	\$22.50
Datashield Corp	Handi-man/Misc Labor	24.00
Eakes	Furn/Office Supp	5,080.74
PEX Visa Prepaid Card	Drug Tech Post	148.06
Platte Valley Printing	Off Supp	83.39
Verizon	Tele	143.82
Windstream	Tele	14.18
	Total	<u>\$5,516.69</u>
Check No. 01254204 cancelled by the County Board		-30.00
Previous amounts allowed during current budget year		<u>219,937.29</u>
Total amounts allowed to date		<u>\$225,423.98</u>

Public Comments: Caleb Johnson reintroduced himself to the Board and updated on budget proceedings going forward.

Motion, Supervisor Harms, seconded Supervisor Trouba, to adjourn to March 25, 2025 at 9:10 a.m.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

( S E A L )

Attest: \_\_\_\_\_  
Jennifer E. Brown  
Clerk of the County Board

\_\_\_\_\_  
Kim Kwapnioski  
Chairperson, Board of Supervisors

# Application for Exemption from Motor Vehicle Taxes by Qualifying Organizations

• Read instructions on reverse side.

Name of Organization 1C, A Mission Church of the LCMS			Tax Year 2025	Value of Motor Vehicles \$6,000
Name of Owner of Property 1C, A Mission Church of the LCMS			County Name Platte	State Where Incorporated NE
Street or Other Mailing Address 2200 28th Ave			Contact Name Amanda Miller	Phone Number (402) 641-7493
City Columbus	State NE	Zip Code 68601	Email Address amanda.franzen.1c@gmail.com	

Type of Ownership:

Agricultural and Horticultural Society    Educational    Religious    Charitable    Cemetery    For-profit Nursing Facilities

**Charitable Organizations:** Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society    Educational    Religious    Charitable    Cemetery

**Charitable and For-Profit Organizations, please answer the following:**

Are the motor vehicles used exclusively as indicated? (see instructions)    YES    NO   If No, give percentage of exempt use: \_\_\_\_\_%

**For-profit Nursing/Assisting Living Facilities, please select the applicable box:**

Nursing Facility    Skilled Nursing Facility    Assisted-Living Facility   What percentage of occupied beds have been provided to medical beneficiaries over the most recent three-year period? \_\_\_\_\_%

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

### Description of the Motor Vehicles

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Blue Bird	2006	School Bus	1BAK6CKH26F233272	5/23/2023

Give a detailed description of the use of the motor vehicle:  
used for transporting kids to and from church activities, events, and field trips for our youth programs

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**  \_\_\_\_\_ Executive Director      2/20/2025  
Authorized Signature      Title      Date

### For County Treasurer Recommendation

Approval      Comments: \_\_\_\_\_

Denial      \_\_\_\_\_

Signature of County Treasurer \_\_\_\_\_ Date \_\_\_\_\_

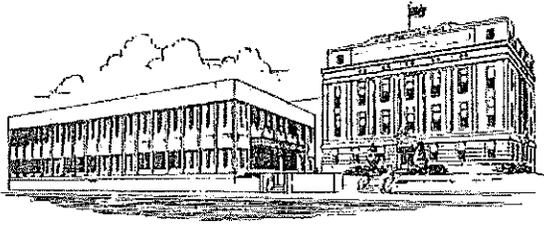
### For County Board of Equalization Use Only

Approved      If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

Denied      \_\_\_\_\_

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.

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



KARI URKOSKI  
**PLATTE COUNTY ASSESSOR**  
2610 14<sup>th</sup> STREET- COLUMBUS NE 68601  
PHONE (402) 563-4902 - FAX (402) 562-6965

March 18, 2025

Platte County Board of Equalization  
Kim Kwapnioski  
2610 14 ST  
Columbus, NE 68601

Dear Chairperson, Kwapnioski:

I would like your approval of tax corrections #14977 through tax correction #14979 on Real Estate and/or Personal Property.

Sincerely,

Kari Urkoski  
Platte County Assessor

Personal & Real Estate Tax Corrections

<u>Number</u>	<u>Year</u>	<u>Type</u>	<u>Name</u>	<u>Reason</u>	<u>Add/Deduct</u>	<u>Amount</u>
14977	2024	Personal	Farm Credit Leasing Services	Item disposed in 2023-clerical error	Ded 2024 taxes	\$ 112.52
14978	2023	Personal	Siemens Financial Services	Items reported in error-billed on schedule #502059-Columbus Hydraulics Company	Ded 2023 taxes	\$ 1,765.92
14979	2024	Real	Leonard Brezenski	Per Dept of Rev-changed homestead from 100% to 20%	Add 2024 taxes	\$ 2,831.24

**Tax List Correction**

**PLATTE County, Nebraska**

Property ID: 000502546 - PP

Date: 03-18-2025

No: 14977

Name and Address:

FARM CREDIT LEASING SERVICES  
 DBA: FARM CREDIT LEASING SERVICES  
 ATTN: TAX DEPT  
 6340 S FIDDLERS GREEN CIRCLE  
 GREENWOOD VILLAGE, CO 80111-4951

Description of Property:

RYAN MULLENHOFF 48303 115 AVE LEIGH  
 ROBERT LARSON 15472 STANTON PLATTE RD

Tax Year: 2024

48 School: 19-0039 0 0

District: 39CXCR-1-E

Stmnt No: 1222

	Actual Valuation	Tax Rate	Consolidated Tax	Farmer Credit	Exemption Value	Exemption Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount	172,776	1.15227100	1,990.86	0.00	0	0.00	0.00	995.43	995.43	1,990.86
Corrected Amount	163,012	1.15227100	1,878.34	0.00	0	0.00	0.00	939.17	939.17	1,878.34
Additional Amount										
Deducted Amount	9,764		112.52					56.26	56.26	112.52

Reason for Correction: ITEM DISPOSED IN 2023-CLERICAL ERROR

I hereby direct the County Treasurer of PLATTE County to accept this Official Correction made for the above named party and description and to issue his receipt in payment of the corrected tax as shown above.

ALL CORRECTIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.  
 Approved by action of the County Board

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_  
 Chairman

*Kevin S. Whelan*  
 \_\_\_\_\_  
 County Assessor - County Clerk

By \_\_\_\_\_  
 Deputy



**Tax List Correction**

**PLATTE County, Nebraska**

Property ID: 000503368 - PP Date: 03-18-2025 No: 14978

Name and Address: **SIEMENS FINANCIAL SERVICES INC**  
 PO BOX 80615  
 INDIANAPOLIS, IN 46280  
 Description of Property:  
 2645 E 27 ST  
 Tax Year: 2023  
 School: 71-0005 0 0  
 District: 5CM-7-L  
 Stmt No: 853

	Actual Valuation	Tax Rate	Consolidated Tax	Farmer Credit	Exemption Value	Exemption Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount	173,223	1.01887300	1,764.92	0.00	0	0.00	0.00	882.46	882.46	1,764.92
Corrected Amount	0	1.01887300	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00
Additional Amount										
Deducted Amount	173,223		1,764.92					882.46	882.46	1,764.92

Reason for Correction: ITEMS REPORTED IN ERROR-BILLED ON SCHEDULE #502059, COLUMBUS HYDRAULICS COMPANY

I hereby direct the County Treasurer of PLATTE County to accept this Official Correction made for the above named party and description and to issue his receipt in payment of the corrected tax as shown above.

ALL CORRECTIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.  
 Approved by action of the County Board

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_  
 Chairman  
 \_\_\_\_\_  
 County Assessor - County Clerk

*Kari S. Wlodki*

By \_\_\_\_\_ Deputy



# Tax List Correction

# PLATTE County, Nebraska

Property ID: 710152806 - RE (HEL-FAM-01-B000-00020) Date: 03-18-2025 No: 14979

Name and Address: BREZENSKI/LEONARD V & THERESA A  
LOT 2 BLK B HELD FAMILY 1ST SD COLUMBUS

Tax Year: 2024  
 1 School: 71-0001 0 0  
 District: 1TCM-L

3211 29TH ST

Stmnt No: 8693

COLUMBUS, NE 68601-2429

\* Tax Credit of 904.38 consists of 378.40 in Non-Ag Credit, 0.00 in Agland Credit, and 0.00 in Unused Credit, and 928.04 in School Credit, and 402.06 in Unused School.  
 \* Tax Credit of 1,306.44 consists of 378.40 in Non-Ag Credit, 0.00 in Agland Credit, and 0.00 in Unused Credit, and 928.04 in School Credit, and 0.00 in Unused School.

	Actual Valuation	Tax Rate	Consolidated Tax	Tax Credit *	Homestead Value	Homestead Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount	315,780	1.67885000	5,301.48	904.38	240,735	4,041.58	0.00	177.76	177.76	355.52
Corrected Amount	315,780	1.67885000	5,301.48	1,306.44	48,145	808.28	0.00	1,593.38	1,593.38	3,186.76
Additional Amount				402.06				1,415.62	1,415.62	2,831.24
Deducted Amount					192,590	3,233.30				

Reason for Correction: PER DEPT OF REV-CHANGED HOMESTEAD FROM 100% TO 20%

I hereby direct the County Treasurer of PLATTE County to accept this Official Correction made for the above named party and description and to issue his receipt in payment of the corrected tax as shown above.

ALL CORRECTIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.

Approved by action of the County Board

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

*Kari S. Wukeshi*  
 County Assessor - County Clerk

Chairman



\*710152806\*

By \_\_\_\_\_ Deputy

File with Your County Assessor on or Before December 31

# 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>Ministerios Pentecostes Fresca Union</b>	County Name <b>Platte</b>	Tax Year <b>2025</b>
Name of Business If Different than Organization	State Where Incorporated <b>State of Nebraska</b>	
Name of Owner of Property <b>Ministerios Pentecostes Fresca Union</b>	Value of Real Property <b>\$ 651,357</b>	Value of Personal Property <b>\$ 15,000</b>
Street or Other Mailing Address of Applicant <b>2475 30th AVE.</b>	Contact Name <b>Mynor A sandoval</b>	Parcel ID Number <b>710109354</b>
City <b>Columbus</b>	State <b>NE</b>	Zip Code <b>69601</b>
Email Address <b>Mpfrescaunionusa@gmail.com</b>		Phone Number <b>(402) 719-4449</b>

Type of Organization (Please attach documentation of organization's formation and purpose)

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

Name	Title of Officers, Directors, or Partners	Phone Number	Email Contacts
<b>Mynor Sandoval</b>	<b>President</b>	<b>402-719-4449</b>	<b>Mynorsandoval76@gmail.com</b>
<b>Alex A Cooper</b>	<b>Treasurer</b>	<b>402-910-5569</b>	<b>alexalde470@gmail.com</b>
<b>Mario Torres</b>	<b>Secretary</b>	<b>605-680-0648</b>	

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

**Religious Services for fellowship meeting speakers, chairs, sound system..**  
**Pt Lot 6 BIK A Randall 3rd Columbus**

For more information on permissive exemptions, please scan the QR code.



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 primary use of the property and all other uses of the property; Please attach ALL documents that would support the property for possible exemption. The burden of proof lies with the organization applying for exemption. Please attach additional pages if needed.

**church services, fellowship meetings**

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, the owner or organization making exclusive use of the property, or private individuals?  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

*Mynor Sandoval*  
Authorized Signature

**president & founder**  
Title

**01-10-25**  
Date

Retain a copy for your records.

### For County Assessor's Recommendation

- Approval
- Approval of a Portion
- Denied

COMMENTS: **\$100 penalty for late filing**

RECEIVED

*Kari S. Unkedi*  
Signature of County Assessor

**JAN 14 2025**  
Date

### For County Board of Equalization Use Only

- Approved
- Approval of a Portion
- Denied

If the County Board's determination is different from the County Assessor's recommendation, an explanation is required.

PLATTE COUNTY ASSESSOR

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.

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 on or Before December 31

# 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.

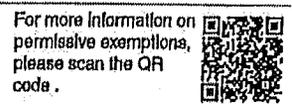
Name of Organization <b>Ministerios Pentecostes Maranatha Guerras de Jesus</b>	County Name <b>Platte</b>	Tax Year <b>2025</b>
Name of Business if Different than Organization <b>Ministerios Pentecostes Maranatha</b>	State Where Incorporated <b>Nebraska</b>	
Name of Owner of Property <b>Guilio F Penate</b>	Value of Real Property <b>\$50,000</b>	Value of Personal Property <b>\$10,000</b>
Street or Other Mailing Address of Applicant <b>1255 26th Ave</b>	Contact Name <b>Laura Linares</b>	Parcel ID Number <b>710002289</b>
City <b>Columbus</b>	State <b>NE</b>	Zip Code <b>68601</b>
	Email Address <b>linaresfam@gmail.com</b>	Phone Number <b>402-314-6765</b>

Type of Organization (Please attach documentation of organization's formation and purpose)

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

Name	Title of Officers, Directors, or Partners	Phone Number	Email Contacts
<b>Guilio F Penate</b>	<b>Pastors</b>	<b>402-314-5172</b>	<b>none</b>

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:  
**N25.5' S65' Lot 5 + N25.5' S65' W22' Lot 6 B1K 84 Original**  
**Church Services**



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 primary use of the property and all other uses of the property; Please attach ALL documents that would support the property for possible exemption. The burden of proof lies with the organization applying for exemption. Please attach additional pages if needed.

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, the owner or organization making exclusive use of the property, or private individuals? .....  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** *Guilio F Penate* Authorized Signature    *Seemany* Title    12/23/2024 Date

Retain a copy for your records.

**For County Assessor's Recommendation**

Approval    COMMENTS: \_\_\_\_\_

Approval of a Portion

Denied

*Kari S. Lukoski* Signature of County Assessor    12-23-24 Date

**For County Board of Equalization Use Only**

Approved

Approval of a Portion

Denied

If the County Board's determination is different from the County Assessor's recommendation, an explanation is required.

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.

\_\_\_\_\_  
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 on or Before December 31

# 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>Columbus IN Action Inc</b>		County Name <b>Platte</b>	Tax Year <b>2024 2025</b>
Name of Business if Different than Organization		State Where Incorporated <b>Nebraska</b>	
Name of Owner of Property <b>Columbus IN Action Inc</b>		Value of Real Property <b>\$24,000</b>	Value of Personal Property <b>\$ —</b>
Street or Other Mailing Address of Applicant <b>2204 14th St</b>		Contact Name <b>Nicolethe Lobbe</b>	Parcel ID Number <b>0710001393</b>
City <b>Columbus</b>		State <b>NE</b>	Zip Code <b>68601</b>
Type of Ownership		Email Address <b>executive.director@COLUMBUSINACTION.COM</b>	
<input type="checkbox"/> Agricultural and Horticultural Society		<input checked="" 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
<b>Thomas A Laseke</b>	<b>President</b>	<b>604 Apache St Columbus NE 68601</b> <b>402.910.0869</b>

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:  
**The WK' of E22' of Lot 6 & W6 of S117' of E6' Lot 6 Blk 59**  
**Original Columbus**  
**2414 13th St Columbus NE 68601**

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 primary use of the property and any other uses of the property:  
**Columbus IN Action Inc (CIA) is a non-profit organization created to promote educational and charitable entities in the Columbus area. CIA co-sponsors with CCC the Big Ideas to promote entrepreneurship in the Columbus area. CIA also co-sponsors with the Chamber the Networking Night spotlighting newly licensed businesses in our area. The buildings owned by CIA will be ~~redeveloped~~ for non-profit entities to use for performances, meetings and educational purposes.**

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, the owner or organization making exclusive use of the property, or private individuals?  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** Thomas A Laseke President 12-30-2024  
 Authorized Signature Title Date

Retain a copy for your records.

**For County Assessor's Recommendation**

Approval  Approval of a Portion  Denied

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

Kari S. Unkester 12-30-24  
 Signature of County Assessor Date

**For County Board of Equalization Use Only**

Approved  Approval of a Portion  Denied

If the County Board's determination is different from the County Assessor's recommendation, an explanation is required.

\_\_\_\_\_  
 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.

\_\_\_\_\_  
 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.**

Columbus In Action Inc (CIA) is a non-profit organization created to promote educational and charitable entities in the Columbus area. CIA co-sponsors with CCC the Big Idea to promote entrepreneurship in the Columbus area. CIA also co-sponsors with the Chamber the Networking Night spotlighting newly created businesses in our area. The buildings owned by CIA will be redeveloped for non-profit entities to use for performances, meetings, and educational purposes.



Columbus In Action Inc (CIA) is a non-profit organization created to promote educational and charitable entities in the Columbus area. CIA co-sponsors with CCC the Big Idea to promote entrepreneurship in the Columbus area. CIA also co-sponsors with the Chamber the Networking Night spotlighting newly created businesses in our area. The buildings owned by CIA will be redeveloped for non-profit entities to use for performances, meetings, and educational purposes.

File with Your County Assessor on or Before December 31

# Exemption Application

For a Qualifying For-Profit Nursing Facility, Skilled Nursing Facility, or Assisted-Living Facility  
Annual Filing Required

FORM  
**451NF**

Name of Owner <b>Emerald Columbus Realty LLC</b>		County Name <b>Platte County</b>	Tax Year <b>2025</b>
Name of Business if Different than Owner <b>Emerald Columbus Realty LLC</b>			
Street or Other Mailing Address of Applicant <b>945 North Central Ave</b>	City <b>Woodmere</b>	State <b>NY</b>	Zip Code <b>11598</b>
Contact Name <b>Chaim Sprung</b>	Email Address <b>csprung@emeraldhcm.com</b>	Phone Number <b>516-504-9797</b> 1007	Parcel Number <b>0710078456</b>

Legal Description of Real Property

**All Bel Air 2nd Columbus. 2855 40 Ave Columbus NE 68601**

What type of for-profit facility is the exemption being applied? (check all that apply)

- Nursing Facility   
 Skilled Nursing Facility   
 Assisted-Living Facility

For more information on permissive exemptions, please scan the QR code.



Does this facility accept Medicaid benefits?     Yes     No

If yes, complete the information below for the most recent three-year period from date the form is completed:

The exemption percentage for each year in the most recent three-year period is equal to a facility's number of occupied Medicaid beds for a given year divide by the facility's total number of occupied bed for that year. The exemption percentage for each year is added together and divided by three to calculate the average percentage of occupied Medicaid beds over the most recent three year period. This number is the final exemption percentage that will be multiplied by the facility's property taxes to determine the facility's exemption amount. Please see specific instructions on reverse side for each column below.

1	2	3	4
The three most recent years:	Total number of occupied beds for year specified in Column (1)	Total number of occupied Medicaid Beds for Year	Percentage of occupied Medicaid Beds: Column (3) divided by Column (2)
Year 1: 202 <sub>4</sub>	20,822	13,479	65%
Year 2: 202 <sub>3</sub>	28,045	16,451	59%
Year 3: 202 <sub>2</sub>	26,416	13,282	50%

5	5a	5b
Calculate the three year average percentage of occupied Medicaid beds for exempt purposes	Sum of three year Percentages from Column (4)	Average Occupied Medicaid Beds Percentage Column (5a) divided by Column (3)
	58%	14,404

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

*Chaim Sprung*  
Authorized Signature

Controller  
Title

12/31/2024  
Date

Retain a copy for your records.

### For County Assessor's Recommendation

- Approval for **57** %  
 Denied

COMMENTS: *Per updated QAA for final quarter of 2024*

*Kari S. Unkovich*  
Signature of County Assessor

*12-31-24*  
Date

### For County Board of Equalization Use Only

- Approved for \_\_\_\_\_ %  
 Denied

If the County Board's determination is different from the County Assessor's recommendation, an explanation is required.

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.**







QUALITY ASSURANCE ASSESSMENT FORM  
 STATE OF NEBRASKA - DHHS DIVISION OF MEDICAID AND LONG-TERM CARE  
 COMPLETE REQUIRED FIELDS (\*) AND MAIL OR DELIVER SIGNED FORM WITH PAYMENT BY JANUARY 30, 2023

October 1 - December 31                      2022

**FACILITY IDENTIFICATION AND CONTACT INFORMATION:**

Facility Name  
 Medicaid Provider Number  
 Facility Contact Name  
 Facility Contact Phone Number  
 Facility Contact Email Address

*	Emerald Care Center Columbus
*	10026774702
*	Moshe Ratner
*	516-504-9797 x 1008
*	ap@emeraldcolumbus.com

**NURSING FACILITY / SKILLED NURSING FACILITY RESIDENT DAYS:**

- NFS/NF Resident Days Subject to Quality Assurance Assessment:**  
**Medicare days are exempt. Report Medicare days on Line 7 below.**
- 1 Nebraska Medicaid Days (including bedhold and Hospice)
  - 2 Private Days (including bedhold and Hospice)
  - 3 Other Days (V.A., Other States' Medicaid, Managed Care - Medicaid)
  - 4 Total Resident Days Subject to Quality Assurance Assessment (Add Lines 1 + 2 + 3)
  - 5 Quality Assurance Assessment per Resident Day

*	Resident Days in Licensed NF Beds (Licensed beds include Medicaid-certified beds AND licensed beds not certified for Medicaid)	2,980
*		1,921
*		21
*		4,922
*		\$3,50

6 Total Quality Assurance Assessment Amount Due (multiply Line 4 times Line 5) Mail or deliver a signed copy of this completed form with a check for this amount to the address below by January 30, 2023. This completed form is your invoice.

<b>PAY THIS AMOUNT</b>	<b>\$17,227.00</b>
------------------------	--------------------

ACH Tracking / Id Number is Required for ACH Payments

Make checks payable to:  
 Department of Health & Human Services

- NFS/NF Resident Days Not Subject to Quality Assurance Assessment:**
- 7 Medicare Days (including Managed Care - Medicare)
  - 8 Total Resident Days in Licensed Beds (Add Lines 4 + 7)

*		1,344
*		6,266

**CERTIFICATION:**

I certify the information provided above is true and accurate, and is supported by the financial and/or other records of the facility. I understand this information will be used by the Department of Health and Human Services, Division of Medicaid and Long-Term Care. Supporting records will be retained for a period of not less than 5 years following the date the information was sent to the Department, and will be made available for inspection when requested.

*Moshe Ratner*  
 Facility Representative Signature

Moshe Ratner  
 Printed Name and Title

1/11/2023  
 Date

**MAILING ADDRESS:**  
 Quality Assurance Assessment  
 Department of Health and Human Services  
 PO Box 94906  
 301 Centennial Mall South  
 Lincoln, Nebraska 68509-4906

*Please mail to address exactly as shown above - include PO box*





QUALITY ASSURANCE ASSESSMENT FORM  
 STATE OF NEBRASKA - DHHS DIVISION OF MEDICAID AND LONG-TERM CARE  
 COMPLETE REQUIRED FIELDS (\*) AND MAIL OR DELIVER SIGNED FORM WITH PAYMENT BY OCTOBER 30, 2023

July 1 - September 30                      2023

**FACILITY IDENTIFICATION AND CONTACT INFORMATION:**

Facility Name  
 Medicaid Provider Number  
 Facility Contact Name  
 Facility Contact Phone Number  
 Facility Contact Email Address

*	Emerald Care Center Columbus
*	10026774702
*	Moshe Rathner
*	516-504-9797 x 1008
*	ap@emeraldcolumbus.com

**NURSING FACILITY / SKILLED NURSING FACILITY RESIDENT DAYS:**

- NF/SNF Resident Days Subject to Quality Assurance Assessment:**  
**Medicare days are exempt. Report Medicare days on Line 7 below.**
- 1 Nebraska Medicaid Days (including bedhold and Hospice)
  - 2 Private Days (including bedhold and Hospice)
  - 3 Other Days (V.A., Other States' Medicaid, Managed Care - Medicaid)
  - 4 Total Resident Days Subject to Quality Assurance Assessment (Add Lines 1 + 2 + 3)
  - 5 Quality Assurance Assessment per Resident Day

Resident Days in Licensed NF Beds (Licensed beds include Medicaid-certified beds AND licensed beds not certified for Medicaid)	
*	4,168
*	2,195
*	17
*	6,380
	\$3.50

6 Total Quality Assurance Assessment Amount Due (multiply Line 4 times Line 5) Mail or deliver a signed copy of this completed form with a check for this amount to the address below by October 30, 2023. This completed form is your invoice.

**ACH Tracking / Id Number is Required for ACH Payments**

<b>PAY THIS AMOUNT</b>	
	<b>\$22,330.00</b>

Make checks payable to:  
 Department of Health & Human Services

- 7 Medicare Days (Including Managed Care - Medicare)
- 8 Total Resident Days in Licensed Beds (Add Lines 4 + 7)

*	627
*	7,007

**CERTIFICATION:**

I certify the information provided above is true and accurate, and is supported by the financial and/or other records of the facility. I understand this information will be used by the Department of Health and Human Services, Division of Medicaid and Long-Term Care. Supporting records will be retained for a period of not less than 5 years following the date the information was sent to the Department, and will be made available for inspection when requested.

*Moshe Rathner*

\* \_\_\_\_\_  
 Facility Representative Signature

\* \_\_\_\_\_  
 Moshe Rathner  
 Printed Name and Title

\* \_\_\_\_\_  
 10/23/2023  
 Date

**MAILING ADDRESS:**  
 Quality Assurance Assessment  
 Department of Health and Human Services  
 PO Box 94906  
 301 Centennial Mall South  
 Lincoln, Nebraska 68509-4906

Please mail to address exactly as shown above - include PO box



**QUALITY ASSURANCE ASSESSMENT FORM**  
**STATE OF NEBRASKA - DHHS DIVISION OF MEDICAID AND LONG-TERM CARE**  
**COMPLETE REQUIRED FIELDS (\*) AND MAIL OR DELIVER SIGNED FORM WITH PAYMENT BY APRIL 30, 2024**

January 1 - March 31 2024

**FACILITY IDENTIFICATION AND CONTACT INFORMATION:**

Facility Name  
 Medicaid Provider Number  
 Facility Contact Name  
 Facility Contact Phone Number  
 Facility Contact Email Address

*	Emerald Care Center Columbus
*	10026774702
*	Moshe Ratner
*	516-504-9797 x 1008
*	ap@emeraldcolumbus.com

**NURSING FACILITY / SKILLED NURSING FACILITY RESIDENT DAYS:**

- NF/SNF Resident Days Subject to Quality Assurance Assessment:**  
**Medicare days are exempt. Report Medicare days on Line 7 below.**
- 1 Nebraska Medicaid Days (including bedhold and Hospice)
  - 2 Private Days (including bedhold and Hospice)
  - 3 Other Days (V.A., Other States' Medicaid, Managed Care - Medicaid)
  - 4 Total Resident Days Subject to Quality Assurance Assessment (Add Lines 1 + 2 + 3)
  - 5 Quality Assurance Assessment per Resident Day

*	Resident Days in Licensed NF Beds (Licensed beds include Medicaid-certified beds AND licensed beds not certified for Medicaid)	4,649
*		1,247
*		108
*		6,004
*		\$3.50

6 Total Quality Assurance Assessment Amount Due (multiply Line 4 times Line 5) Mail or deliver a signed copy of this completed form with a check for this amount to the address below by April 30, 2024. This completed form is your invoice.

**ACH Tracking / Id Number is Required for ACH Payments**

<b>PAY THIS AMOUNT</b>	<b>\$21,014.00</b>
------------------------	--------------------

**NF/SNF Resident Days Not Subject to Quality Assurance Assessment:**

- 7 Medicare Days (Including Managed Care - Medicare)
- 8 Total Resident Days in Licensed Beds (Add Lines 4 + 7)

*	Make checks payable to: Department of Health & Human Services	1,019
*		7,023

**CERTIFICATION:**

I certify the information provided above is true and accurate, and is supported by the financial and/or other records of the facility. I understand this information will be used by the Department of Health and Human Services, Division of Medicaid and Long-Term Care. Supporting records will be retained for a period of not less than 5 years following the date the information was sent to the Department, and will be made available for inspection when requested.

*Moshe Ratner*

Facility Representative Signature

Moshe Ratner

Printed Name and Title

4/11/2024

Date

**MAILING ADDRESS:**

Quality Assurance Assessment  
 Department of Health and Human Services  
 PO Box 94906  
 301 Centennial Mall South  
 Lincoln, Nebraska 68509-4906

Please mail to address exactly as shown above - include PO box



QUALITY ASSURANCE ASSESSMENT FORM  
 STATE OF NEBRASKA - DHHS DIVISION OF MEDICAID AND LONG-TERM CARE  
 COMPLETE REQUIRED FIELDS (\*) AND MAIL OR DELIVER SIGNED FORM WITH PAYMENT BY OCTOBER 30, 2024

July 1 - September 30                      2024

**FACILITY IDENTIFICATION AND CONTACT INFORMATION:**

Facility Name  
 Medicaid Provider Number  
 Facility Contact Name  
 Facility Contact Phone Number  
 Facility Contact Email Address

*	Emerald Care Center Columbus
*	10026774702
*	Eli Badalov
*	516-504-9797
*	<a href="mailto:Elibadalov@emeraldhcm.com">Elibadalov@emeraldhcm.com</a>

**NURSING FACILITY / SKILLED NURSING FACILITY RESIDENT DAYS:**

**NF/SNF Resident Days Subject to Quality Assurance Assessment:**  
 Medicare days are exempt. Report Medicare days on Line 7 below.

- 1 Nebraska Medicaid Days (including bedhold and Hospice)
- 2 Private Days (including bedhold and Hospice)
- 3 Other Days (V.A., Other States' Medicaid, Managed Care - Medicaid)
- 4 Total Resident Days Subject to Quality Assurance Assessment (Add Lines 1 + 2 + 3)
- 5 Quality Assurance Assessment per Resident Day

*	3,898
*	1,147
*	571
*	5,616
*	\$9,00

Resident Days in Licensed NF Beds (Licensed beds include Medicaid-certified beds AND licensed beds not certified for Medicaid)

6 Total Quality Assurance Assessment Amount Due (multiply Line 4 times Line 5) Mail or deliver a signed copy of this completed form with a check for this amount to the address below by October 30, 2024. This completed form is your invoice.

<b>PAY THIS AMOUNT</b>	<b>\$50,544.00</b>
------------------------	--------------------

ACH Tracking / Id Number is Required for ACH Payments

**NF/SNF Resident Days Not Subject to Quality Assurance Assessment:**

- 7 Medicare Days (including Managed Care - Medicare)
- 8 Total Resident Days in Licensed Beds (Add Lines 4 + 7)

*	1,318
*	6,934

**CERTIFICATION:**

I certify the information provided above is true and accurate, and is supported by the financial and/or other records of the facility. I understand this information will be used by the Department of Health and Human Services, Division of Medicaid and Long-Term Care. Supporting records will be retained for a period of not less than 5 years following the date the information was sent to the Department, and will be made available for inspection when requested.

*Eli Badalov*

Facility Representative Signature

Eli Badalov

Printed Name and Title

10/18/2024

Date

**MAILING ADDRESS:**

Quality Assurance Assessment  
 Department of Health and Human Services  
 PO Box 94906  
 301 Centennial Mall South  
 Lincoln, Nebraska 68509-4906

*Please mail to address exactly as shown above - include PO box*

**QUALITY ASSURANCE ASSESSMENT FORM**  
**STATE OF NEBRASKA - DHHS DIVISION OF MEDICAID AND LONG-TERM CARE**  
**COMPLETE REQUIRED FIELDS (\*) AND MAIL OR DELIVER SIGNED FORM WITH PAYMENT BY JANUARY 30, 2025**

**October 1 - December 31                      2024**

**FACILITY IDENTIFICATION AND CONTACT INFORMATION:**

Facility Name	Emerald Care Center Columbus
Medicaid Provider Number	10026774702
Facility Contact Name	Eli Badalov
Facility Contact Phone Number	516-504-9797
Facility Contact Email Address	Elibadalov@emerladhcm.com

**NURSING FACILITY / SKILLED NURSING FACILITY RESIDENT DAYS:**

**NF/SNF Resident Days Subject to Quality Assurance Assessment:**  
**Medicare days are exempt. Report Medicare days on Line 7 below.**

1 Nebraska Medicaid Days (including bedhold and Hospice)	3,665
2 Private Days (including bedhold and Hospice)	1,356
3 Other Days (V.A., Other States' Medicaid; Managed Care - Medicaid)	528
4 Total Resident Days Subject to Quality Assurance Assessment (Add Lines 1 + 2 + 3)	5,549
5 Quality Assurance Assessment per Resident Day	\$9.00

6 Total Quality Assurance Assessment Amount Due (multiply Line 4 times Line 5) Mail or deliver a signed copy of this completed form with a check for this amount to the address below by January 30, 2025. This completed form is your invoice.

<b>ACH Tracking / Id Number is Required for ACH Payments</b>	
<b>PAY THIS AMOUNT</b>	<b>\$49,941.00</b>

**NF/SNF Resident Days Not Subject to Quality Assurance Assessment:**

7 Medicare Days (including Managed Care - Medicare)	1,272
8 Total Resident Days in Licensed Beds (Add Lines 4 + 7)	6,821

**CERTIFICATION:**

I certify the information provided above is true and accurate, and is supported by the financial and/or other records of the facility. I understand this information will be used by the Department of Health and Human Services, Division of Medicaid and Long-Term Care. Supporting records will be retained for a period of not less than 5 years following the date the information was sent to the Department, and will be made available for inspection when requested.

*Eli Badalov*

\* \_\_\_\_\_  
 Facility Representative Signature

\* \_\_\_\_\_  
 Eli Badalov  
 Printed Name and Title

\* \_\_\_\_\_  
 1/22/2025  
 Date

**MAILING ADDRESS:**

Quality Assurance Assessment  
 Department of Health and Human Services  
 PO Box 94906  
 301 Centennial Mall South  
 Lincoln, Nebraska 68509-4906

*Please mail to address exactly as shown above - include PO box*

Amended

File with Your County Assessor on or Before December 31

# Exemption Application

For a Qualifying For-Profit Nursing Facility, Skilled Nursing Facility, or Assisted-Living Facility Annual Filing Required

FORM 451NF

Name of Owner <b>COLUMBUS HEALTH CARE INC</b>	County Name <b>PLATTE COUNTY</b>	Tax Year <b>2025</b>
Name of Business If Different than Owner		

Street or Other Mailing Address of Applicant <b>20220 HARNEY ST</b>	City <b>ELKHORN</b>	State <b>NE</b>	Zip Code <b>68022</b>
Contact Name <b>BRIAN STUHR</b>	Email Address <b>bstuhr@vhsmail.com</b>	Phone Number <b>402-895-3932</b>	Parcel Number <b>0710168472</b>

Legal Description of Real Property  
**Lot 2 Blk A Cambridge Court Retirement Village 2nd Addition 4715 38th Street, Columbus**

What type of for-profit facility is the exemption being applied? (check all that apply)  
 Nursing Facility     Skilled Nursing Facility     Assisted-Living Facility

For more information on permissive exemptions, please scan the QR code.



Does this facility accept Medicaid benefits?     Yes     No

If yes, complete the information below for the most recent three-year period from date the form is completed: The exemption percentage for each year in the most recent three-year period is equal to a facility's number of occupied Medicaid beds for a given year divided by the facility's total number of occupied bed for that year. The exemption percentage for each year is added together and divided by three to calculate the average percentage of occupied Medicaid beds over the most recent three year period. This number is the final exemption percentage that will be multiplied by the facility's property taxes to determine the facility's exemption amount. Please see specific instructions on reverse side for each column below.

1	2	3	4
The three most recent years:	Total number of occupied beds for year specified in Column (1)	Total number of occupied Medicaid Beds for Year	Percentage of occupied Medicaid Beds: Column (3) divided by Column (2)
Year 1: 2024	26113	8542	33%
Year 2: 2023	21966	5587	25%
Year 3: 2022	19558	6089	31%

5	5a	5b
Calculate the three year average percentage of occupied Medicaid beds for exempt purposes	Sum of three year Percentages from Column (4)	Average Occupied Medicaid Beds Percentage Column (5a) divided by 3
	89	30%

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

*Susan Walton*  
Authorized Signature

*Director of Treasury mgmt + AP*  
Title

*2-27-25*  
Date

Retain a copy for your records.

### For County Assessor's Recommendation

Approval for 30 %  
 Denied

COMMENTS: *Per amended QAA submitted 2-27-25*

*Kari S. Unkles*  
Signature of County Assessor

*2-27-25*  
Date

### For County Board of Equalization Use Only

Approved for \_\_\_\_\_ %  
 Denied

If the County Board's determination is different from the County Assessor's recommendation, an explanation is required.

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.





















**QUALITY ASSURANCE ASSESSMENT FORM**  
 STATE OF NEBRASKA - DHHS DIVISION OF MEDICAID AND LONG-TERM CARE  
**COMPLETE REQUIRED FIELDS (\*) AND MAIL OR DELIVER SIGNED FORM WITH PAYMENT BY October 30, 2023**

**July 1 - September 30 2023**

**FACILITY IDENTIFICATION AND CONTACT INFORMATION:**

Facility Name \_\_\_\_\_  
 Medicaid Provider Number \_\_\_\_\_  
 Facility Contact Name \_\_\_\_\_  
 Facility Contact Phone Number \_\_\_\_\_  
 Facility Contact Email Address \_\_\_\_\_

*	VSL Columbus, LLC dba Brookestone Acres
*	10026678600
*	Aaron Dunlap
*	402-895-3932
*	adunlap@vhsmail.com

**NURSING FACILITY / SKILLED NURSING FACILITY RESIDENT DAYS:**

- NFS/NF Resident Days Subject to Quality Assurance Assessment:**  
**Medicare days are exempt. Report Medicare days on Line 7 below.**
- 1 Nebraska Medicaid Days (including bedhold and Hospice)
  - 2 Private Days (including bedhold and Hospice)
  - 3 Other Days (V.A., Other States' Medicaid, Managed Care - Medicaid)
  - 4 Total Resident Days Subject to Quality Assurance Assessment (Add Lines 1 + 2 + 3)
  - 5 Quality Assurance Assessment per Resident Day

Resident Days in Licensed NF Beds (Licensed beds include Medicaid-certified beds AND licensed beds not certified for Medicaid)

*	1,331
*	2,739
*	-
*	4,070
*	\$3.50

- 6 Total Quality Assurance Assessment Amount Due (multiply Line 4 times Line 5)  
 Mail or deliver a signed copy of this completed form with a check for this amount to the address below by October 30, 2023. This completed form is your invoice.

<b>PAY THIS AMOUNT</b>	<b>\$14,245.00</b>
------------------------	--------------------

- NFS/NF Resident Days Not Subject to Quality Assurance Assessment:**
- 7 Medicare Days (including Managed Care - Medicare)
  - 8 Total Resident Days in Licensed Beds (Add Lines 4 + 7)

	1,185
	5,255

**CERTIFICATION:**

I certify the information provided above is true and accurate, and is supported by the financial and/or other records of the facility. I understand this information will be used by the Department of Health and Human Services, Division of Medicaid and Long-Term Care. Supporting records will be retained for a period of not less than 5 years following the date the information was sent to the Department, and will be made available for inspection when requested.

\* \_\_\_\_\_  
 Facility Representative Signature

\* \_\_\_\_\_  
 Aaron Dunlap, CFA

\* \_\_\_\_\_  
 Printed Name and Title

\* \_\_\_\_\_  
 Date

**MAILING ADDRESS:**

Quality Assurance Assessment  
 Department of Health and Human Services  
 PO Box 94906  
 301 Centennial Mall South  
 Lincoln, Nebraska 68509-4906



File with Your County Assessor on or Before December 31

# Exemption Application

For a Qualifying For-Profit Nursing Facility, Skilled Nursing Facility, or Assisted-Living Facility  
Annual Filing Required

FORM  
**451NF**

Name of Owner: **COLUMBUS HEALTH CARE INC** County Name: **PLATTE COUNTY** Tax Year: **2025**

Name of Business if Different than Owner

Street or Other Mailing Address of Applicant: **20220 HARNEY ST** City: **ELKHORN** State: **NE** Zip Code: **68022**  
Contact Name: **BRIAN STUHR** Email Address: **bstuhr@vhsmail.com** Phone Number: **402-895-3932** Parcel Number: **0710168472**

Legal Description of Real Property  
**LOT 2 BLK A CAMBRIDGE COURT RETIREMENT VILLAGE 2ND ADDITION**  
**4715 38th Street, Columbus**

What type of for-profit facility is the exemption being applied? (check all that apply)  
 Nursing Facility  Skilled Nursing Facility  Assisted-Living Facility

For more information on permissive exemptions, please scan the QR code. 

Does this facility accept Medicaid benefits?  Yes  No

If yes, complete the information below for the most recent three-year period:

(Tax year bed calculations is Total number of beds X Number of days in tax year = Total beds for year). Please see specific instructions on reverse side for each column below.

(1) Tax Year	(2) Total # of beds for facility	(3) Total days in year	(4) Total # of beds for facility for the year (2) x (3) = (4)	(5) Total # of occupied Medicaid Beds for Year	(6) Percentage occupied of Medicaid Beds: (5) divided (4)
2023	80	365	29200	5648	19%
2022	80	365	29200	5919	20%
2021	80	365	29200	7451	26%
(7) Calculate the three year average percentage of occupied Medicaid beds for exempt purposes.	(7a) Sum of three year Percentages from (6) 65%	(7b) Average Occupied Medicaid Beds Percentage (7a) divided by (3) 22			

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 for \_\_\_\_\_%

COMMENTS:

*Not enough information provided*

Denied

*Kari S. Ukkola*  
Signature of County Assessor

*12-30-24*  
Date

### For County Board of Equalization Use Only

Approved for \_\_\_\_\_%

If the County Board's determination is different from the County Assessor's recommendation, an explanation is required.

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.**

## Instructions

**Who May File.** Any for-profit skilled nursing facility as defined in Neb. Rev. Stat. §71-429, nursing facilities as defined in Neb. Rev. Stat. §71-424 or assisted-living facilities as defined in Neb. Rev. Stat. §71-5903 that provides housing for Medicaid beneficiaries, except that the exemption amount for such property shall be a percentage of the property taxes that would otherwise be due.

**When and Where to File.** The Form 451NF must be filed **annually** on or before December 31 immediately preceding the year for which the exemption is sought with the county assessor of the county where the property is located.

**Medicaid Bed Defined.** A Medicaid bed is defined as a bed occupied by a Medicaid beneficiary.

### Tax Year Bed Calculations Instructions.

1. Tax Year. January 1 through December 31 of a specific year.
2. Total # of Beds. The total number of beds available within the facility.
3. Total days in year. Total calendar days for the tax year shown in #1.
4. Total number of beds for year. Multiple Total # of beds shown in #2 by Total days in year shown in #3.
5. Total # of Medicaid beds for Year. Add together the number of occupied Medicaid beds for each day of the calendar year. For example if occupied Medicaid beds equal 5, 3, and 4 for January 1, 2, and 3 respectively, then the total occupied Medicaid beds for those three days would be twelve. This calculation would be carried on for the remainder of the calendar year.

Note: For skilled nursing facilities and nursing facilities, please attach the last page of the DHHS State of Nebraska-Nursing Facility Assessments Report to provide the occupied Medicaid bed count for each calendar year. For assisted-living facilities, please provide supporting documentation of number of occupied Medicaid beds.

**Please do not include any Medicaid recipient personal information as documentation for this application.**

6. Percentage of Medicaid beds. Calculate by taking total # of Medicaid beds for year divided #5 divided by Total Beds for Year which equals the percentage of Medicaid beds for the tax year.
- 7a. Calculate the three year average by summing the three year Percentages from #6.
- 7b. Calculate the average Medicaid beds percentage by taking the sum of 7a and dividing the sum by 3 to equal the three year average percentage of Medicaid beds for the exemption percentage.

**Late Filings/Waivers.** If an organization fails to file a Form 451NF on or before December 31, it may file a Form 451NF on or before June 30 with the county assessor. The organization or society must also file a written request for a waiver of the deadline with the application. The county board of equalization may grant the waiver upon finding that good cause exists for the failure to make application on or before December 31. The penalty may not be waived.

**Property Acquired or Converted to Exempt Use.** If property is acquired or converted to exempt use after January 1, the organization may file an application for exemption on or before July 1 of the year the property was acquired or converted. If an organization, between July 1 and levy date (October 20), purchases property that has been granted a tax exemption, and the property continues to be qualified for exemption, the purchasing organization must file an application for exemption on or before November 15.

Taxable property acquired or converted after July 1 is not eligible for exemption that year. If an application is filed, it will be considered an application for exemption for the next year.

**Appeal Procedures.** In the event of disapproval of this application by the county board of equalization, an appeal may be filed with the Tax Equalization and Review Commission within 30 days of the final decision.

**Specific Instructions.** Property tax exemptions are strictly construed, and it is the responsibility of the applicant to prove the property qualifies for an exemption. The burden of proof lies with the organization to provide documentation that would support the exemption being approved.

The completed 451NF must be retained by the county clerk after the county board of equalization action, with a legible copy forwarded electronically to the Department within seven days of the county board of equalization's decision to [pat.tech@nebraska.gov](mailto:pat.tech@nebraska.gov). The county assessor may make copies for the county's records.

**Attachment A  
Form 451NF  
Reaffirmation of Tax Exemption for 2025  
Columbus Health Care Inc**

**LEGAL DESCRIPTION OF REAL PROPERTY**

Lot 2 Blk A Cambridge Court Retirement Village 2<sup>nd</sup> Addition

**ADDRESS OF REAL PROPERTY**

4715 38<sup>th</sup> Street, Columbus, NE 68601

**DEPRECIABLE TANGIBLE PERSONAL PROPERTY**

4715 38<sup>th</sup> Street, Columbus, NE 68601 is a nursing home facility commonly known as Brookestone Acres. A general description of the tangible personal property is all tangible personal property located at 4715 38<sup>th</sup> Street, Columbus, NE and used in conjunction with the operation of Brookestone Acres. This includes, without limitation, the property identified on the attached pages, and all beds, furniture (except furniture owned by the residents), fixtures, linens, bedding, kitchen equipment and utensils, cleaning equipment, food and drug inventories, window shades and drapes, screens, awnings, stoves, water heaters, refrigerators, freezers and lawn and garden equipment.

State Of Nebraska - Nursing Facility Assessments  
 Counting Of Days For Assessments Between 01/01/2021 and 12/31/2021  
 VSL Columbus LLC, COLUMBUS (10026678600) (832)

Date Printed:12/5/2024  
 Date Created:12/05/2024

11/2021	<u>Class</u>	<u>Days</u>	<u>Weight</u>	<u>WeightedDays</u>
	101	126	0.59	74.34
	103	60	0.63	37.80
	110	16	0.81	12.96
	112	231	0.89	205.59
	114	144	0.97	139.68
	130	60	0.67	40.20
	132	90	0.85	76.50
	140	60	0.95	57.00
	142	125	1.07	133.75
	144	90	1.25	112.50
	150	226	1.28	289.28
	151	94	1.33	125.02
	152	30	1.44	43.20
	161	92	1.24	114.08
	162	209	1.31	273.79
	163	30	1.66	49.80
	171	185	1.79	331.15
	180	15	0.59	8.85
		<u>1,883</u>		<u>2,125.49</u>
<b>12/2021</b>	<u>Class</u>	<u>Days</u>	<u>Weight</u>	<u>WeightedDays</u>
	101	62	0.59	36.58
	112	279	0.89	248.31
	114	146	0.97	141.62
	130	62	0.67	41.54
	132	93	0.85	79.05
	140	47	0.95	44.65
	142	124	1.07	132.68
	144	93	1.25	116.25
	150	215	1.28	275.20
	151	62	1.33	82.46
	152	31	1.44	44.64
	160	65	1.07	69.55
	161	85	1.24	105.40
	162	186	1.31	243.66
	163	31	1.66	51.46
	171	115	1.79	205.85
	180	12	0.59	7.08
		<u>1,708</u>		<u>1,925.98</u>
<b>Total For: VSL Columbus LLC</b>		<b>23,783</b>		<b>28,012.11</b>

Total For: VSL Columbus LLC		
19,635		22,850.88

State Of Nebraska - Nursing Facility Assessments  
Counting Of Days For Assessments Between 07/01/2023 and 12/31/2023  
VSL Columbus LLC, COLUMBUS (10026678600) (832)

Date Printed:12/5/2024  
Date Created:12/05/2024

Total For: VSL Columbus LLC		
11,432		15,561.53

Columbus, Nebraska  
March 11, 2025  
Tuesday, A.M.

Pursuant to adjournment the Platte County Board of Supervisors met in session beginning at 9:00 a.m. Jennifer E. Brown, County Clerk, Kim Kwapnioski, Chairperson.

Roll Call and the following members present: Supervisors Harms, Lloyd, Ott, Reilly, Trouba and Chairperson Kwapnioski  
Absent: Supervisor Micek

The Chairperson informed the public of the posting of the open meeting laws.

The meeting notice was published in the Columbus Telegram on March 4, 2025 and the Humphrey Democrat on March 5, 2025.

Approval of agenda as written

Approval of the minutes of February 25, 2025.

Rachel Pensick, Joint Communications Center asked the County board to consider the purchase of replacement batteries for UPS and a three-year service contract with Eaton.

Motion, Supervisor Trouba, seconded Supervisor Lloyd, to approve the purchase of replacement batteries for UPS from Eaton in the amount of \$27,592.94.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Trouba, seconded Supervisor Reilly, to approve the Three-Year Service Contract with Eaton for the amount of \$20,004.30.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Theresa Grape, Columbus Area Convention and Visitors Bureau asked the County Board to consider the renewal of ITI Digital Events/Places website module and approval of Placer.ai invoice.

Motion, Supervisor Harms, seconded Supervisor Trouba, to approve ITI Digital Events/Places website module renewal in the amount of \$13,000.00.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Harms, seconded Supervisor Reilly, to approve Placer.ai invoice for \$23,500 - \$7,830 from promotion fund, and \$15,670 from the improvement fund.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Tim Hofbauer, Emergency Management/IT discussed Cost Sharing with the City of Columbus on the repair of a fiber vault, fiber optic cable and a hanging furnace unit in the Emergency Management Motor Pool with the County Board. He also gave a recap of recent flooding on the Loup River.

Motion, Supervisor Harms, seconded Supervisor Ott, to approve Cost Sharing with the City of Columbus, the repair of a fiber vault, and fiber optic cable \$4,276.75 from the IT Infrastructure Budget.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Trouba, seconded Supervisor Harms, to approve Cost Sharing with the City of Columbus, the replacement of a hanging furnace unit in the Emergency Management Motor Pool in the amount of \$3,205.00 to come from Building and Grounds, Misc line, half to be billed to City of Columbus, and reimbursed to Platte County.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

The County Attorney and the County Board reviewed the interlocal agreement with the City of Columbus for prosecution. A one-year extension with a revised annual cost of \$50,206.32 (\$4,183.86/month).

Motion, Supervisor Reilly, seconded Supervisor Lloyd, to approve the Second Extension Agreement of the prosecution contract with the City of Columbus.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Lloyd, seconded Supervisor Reilly, to approve Midstates Utility Applications as presented.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Abstain (With Conflict), Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Lloyd, seconded Supervisor Reilly, to approve the purchase of a hot plate trailer in the amount of \$47,455 from Rose Equipment.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Abstain (With Conflict), Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Harms, seconded Supervisor Reilly, to approve the purchase of a truck in the amount of \$61,739. from Sid Dillon.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Abstain (With Conflict), Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

The Highway Department Road Report was given by Justin Laudenklos and Jane Cromwell.

Committee Reports: Supervisor Lloyd - No Report. Supervisor Trouba - will be participating with the Chamber for Government Day next week for the Leadership Class. Chair Kwapnioski - No Report. Supervisor Ott - No Report. Supervisor Reilly - Thanked everyone who helped with the surplus project, shared that the Weed Department building roof is still leaking after last year's repairs. They are not getting callbacks for warranty work, so they are looking at next steps. Supervisor Harms - No Report

Motion, Supervisor Reilly, seconded Supervisor Lloyd, accept, file and credit the proper accounts in correspondence: Cancel General Fund check no. 02254228 to Butler County Sheriff \$31.43 - duplicate payment by County Attorney's Office, Nebraska Bankers Insurance and Services Company - Bank Compliance Report for month ending 12/31/24 & 1/31/25, City of Columbus - Notice of Public Hearings - Redevelopment Plan for Cottonwood Heights Redevelopment Project, NE Dept of Environment & Energy NPDES General Permit for Operations for Foltz Farms Concentrated Animal Feeding Operation, NDOT - Maintenance

SUPERVISORS RECORD NO. 49

Yard, Columbus, NE, Lower Loup Natural Resources District - 2024  
 Columbus Area Recharge Report, County Treasurer Receipts \$56,150.27  
 Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly:  
 Aye, Trouba: Aye  
 Whereupon the Chairperson declared the motion carried.

Motion, Supervisor Lloyd, seconded Supervisor Trouba, that the following claims be approved and that the County Clerk be ordered to issue checks of the same on the respective funds.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly:  
 Aye, Trouba: Aye  
 Whereupon the Chairperson declared the motion carried.

GENERAL FUND

Check Nos. 03250001-03250156 & 03254737-03254874, Incl.,

Total Net Payroll		\$224,937.88
Ace Hardware	Bldg Supp	10.58
Affordable Language Serv	Interpreter Serv	659.70
AFLAC Insurance	Aflac-Empl (ck 03254739)	356.85
All Makes	Off Maint Repair	5.32
All Makes	Off Maint Repair	39.69
All Makes	Print/Publ	23.64
All Makes	Data Proc Sftwr Mtce/Supp	15.28
ARL Credit Services	Garn-Empl (ck 03254744)	243.53
ARL Credit Services	Garn-Empl (ck 03254745)	362.54
ARL Credit Serv/Butler Co	Garn-Empl (ck 03254746)	405.17
Awards & Engraving	Misc	65.00
Awards & Engraving	Misc	65.00
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254749)	10,657.50
BCBSNE	Health/Accident	241,846.64
Bear Graphics	Stat/Env	166.84
Big Red Printing	Off Supp	244.10
Bob Barker Company	Inmate Prov	271.32
Casey's Mail Service	Post	59.63
Consolidated Elect Distributer	Bldg Rep	3,775.40
CEDARS	Preadjudication Serv	727.00
Chad's Collision Center	Car Repair-Road Fund	303.00
Charm-Tex Inc	Jail Bldg Rep	132.30
City of Columbus	Water/Sewer	579.02
Columbus Transfer Station	Misc	97.29
City of Columbus	E-911 Misc	127,182.59
Clearly	Tele Serv	1,946.52

SUPERVISORS RECORD NO. 49

Clerk of District Court	Post	73.62
Clerk of District Court	Dist Crt Csts	130.00
CNC Repair LLC	Truck Repair/Parts	1,009.02
Colfax Co Sheriff	Dist Crt Csts	18.50
Colonial Life	Life Ins-Empl (ck 03254766)	134.28
Columbus Area United Way	UW-Empl (ck#03254767)	63.00
Columbus Bank & Trust Co	Bank Charges	15.00
Columbus Custom Embroid	Quartermaster	368.00
Lee Enterprises	Print/Publ	490.68
Column Software	Print/Publ	12.22
Column Software	Print/Publ	429.11
Culligan of Columbus	Janit Sup	127.50
DAS St Acctg	Teletype Serv	307.20
DAS St Acctg	Tele Serv	165.46
DAS St Acctg	Tele Serv	165.46
DAS St Acctg	Teletype Serv	307.19
DAS St Acctg	Reg HSG 2022	700.00
Douglas Co Court	Crt Csts	5.00
Drivers License Guide Co	Co Law Libr	33.95
Eakes	Off Supp	58.25
Eakes	Off Eq Rep	106.58
Eakes	Off Supp	97.42
Eakes	Janit Supp	339.92
Eakes	Off Supp	7.79
Eakes	Off Supp	419.42
Eakes	Data Proc Sftwr/Off Supp	311.11
Egan Supply Co	Janit Supp/Law Enf Supp	508.76
Election Systems & Software	Voting Supp	856.71
Endpoint Solutions LLC	Reg HSG 2022	4,500.00
First Concord Benefits Grp	125 Flex-Adm Csts	190.00
First Concord Benefits Grp	125 Flex-Empl(03254792)	2,781.50
Forensic Behavioral Health	Expert Witness	4,275.00
Dave Foster	Vets Trans Prog	100.00
FP Mailing Solutions	Post	702.56
Garratt Callahan Co	Cooling Syst Maint	402.50
Grainger	Bldg Supp	103.68
Great Plains Uniforms	Quartermaster	247.47
Ralph Hefti	Vet Trans Prog	50.00
HyVee	Fuel	86.25
HyVee	Vets Trans Prog	128.96
HyVee	Fuel	212.81
HyVee	Fuel	3,903.92
Indoff	Off Supp	47.96
Indoff	Off Supp	136.99

SUPERVISORS RECORD NO. 49

Indoff	Off Supp	109.98
Intab LLC	Voting Supp	156.87
Jackson Services	Janit Supp	105.13
Jackson Services	Bldg Supp	54.01
Brian Kluck	Mental Health Board Csts	187.50
Sue Krogmann	Reg HSG 2023	3,500.00
Lancaster Co Sheriff	Dist Crt Csts	26.19
Legalshield	Lglsl-Empl (ck 03254813)	20.95
Loffler Co	Off Eq Rep	51.00
Loup Power Dist	Elect/Htg/Gas	5,514.31
M.L. Smith Law Office	Crt Appt Coun	3,900.00
Madison Co Sheriff	Dist Crt Csts	68.32
Madison Co Sheriff	Dist Crt Csts	48.91
Madison Moore	Co Crt Csts	20.00
Mike McDermott	Adm Csts	1,075.00
Menards	Bldg Supp	259.80
Menards	Janit Supp	342.86
Menards	Bldg Supp	143.20
Metropolitan Compounds Inc	Bldg Supp	484.00
Microfilm Imaging Syst	Data Proc Eq	140.00
Microfilm Imaging Syst	Eq Rent-Office	224.00
Microfilm Imaging	Micro/Photo	345.00
MIPS	Tele Serv/Data Proc Csts	788.47
MIPS	Data Proc Sftwr	1,610.39
MIPS	Data Proc Sftwr	2,728.65
MIPS	Micro/Photo/Data Prc Sftwr	764.28
Motion Connected	Ins Premiums	4,602.00
MOTION	Bldg Supp	26.24
Eric Mullally	Mileage	98.00
Mike Mulligan	Vets Trans Prog	200.00
Nationwide Retirement Sol	Ann-Empl (ck 03254836)	1,087.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 03254837)	11,065.17
NE Public Health Env Lab	Sheriff Csts	105.00
NE Assoc of Emrgncy Mgmt	Reg HSG 2022	500.00
Northwest Electric LLC	Bldg Rep	820.36
Novicki Fire Prevention Serv	Bldg Supp	170.00
Paper Tiger Shredding	Misc	256.00
Pell Reporting	Co Crt Csts	349.50
Platte Co Attorney	Crt Csts	23.25
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254845)	24,933.80
PC Clerk/NCSPC	Garn-Empl (ck 03254846)	1,097.08
PC Clerk/OASI	Soc Sec-Empl (ck 03254847)	23,330.79
PC Clerk/OASI	Soc Sec-Match	23,330.79
PC Court	Crt Csts	1,441.59

SUPERVISORS RECORD NO. 49

PC Sheriff	PCSO State Fees	2,203.55
Platte Co Sheriff	Post	37.10
Platte Valley Communicatns	Radio Repair	633.60
Principal Life Ins Grp	Dent-Empl (ck 03254852)	2,501.55
Principal Life Ins Grp	Life Ins-Empl (ck 03254853)	1,386.07
Principal Life Ins Grp	ADD & Life Ins	537.15
Principal Life Ins Grp	Vision-Empl (ck 03254854)	621.58
Retire Plans Div of Ameritas	Co Retire-Empl (ck 03254855)	16,044.49
Retire Plans Div of Ameritas	Co Retire-Match	23,272.73
Jadyn Rother	Co Crt Csts	124.00
Rutt's Heating	Jail Bldg Rep	380.01
ServiceMaster by Shevlin	Handi-man/Misc Labor	10,214.00
Shana Hirschbrunner	Misc	89.99
Sipple, Hansen Law Office	Crt Appt Coun	2,621.25
Stratton, DeLay, Doele, Carlson, Buettner	Crt Appt Coun	5,300.00
Summit Food Service	Food/Bev	10,330.32
T-Bone	Fuel	65.60
TK Elevator Corp	Elevator Repair	719.63
U & I Sanitation Serv	Garbage	284.25
U.S. Cellular	Internet Serv	54.79
Verizon	Tele	40.01
Verizon	Off Supp	40.02
Verizon	Internet Serv	803.13
Verizon	Off Eq Rep	398.02
Mark Wangler	Vets Trans Prog	200.00
Tristan Welch	Mental Health Board	125.00
Blake Wert	Mile	47.60
Zelle Human Resource Sol	HR Adm/Mile	10,612.70
	Total	\$846,103.61
Previous amount allowed during current budget year		12,441,273.39
Total amount allowed to date		\$13,287,377.00

ROAD-BRIDGE FUND

Check Nos. 03250157-03250189 & 03254875-03254911, Incl.,

Total Net Payroll		\$53,220.82
AFLAC Insurance	Aflac-Empl (ck 03254875)	159.44
Arnold Motor Supply	Rd Eq Rep/Shp Tls/Shp Supp	2,858.13
B's Enterprises Inc	Asphalt	6,750.00
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254878)	2,552.50
Black Strap Inc	Chem Supp	8,121.60
Bomgaars	Safety Eqp	790.42

SUPERVISORS RECORD NO. 49

Central Sand & Gravel	Gravel/Borrow	6,156.92
Colonial Life	Life Ins-Empl (ck 03254882)	130.25
Commercial Indust Supp	Bldg Rep	1,163.24
Credit Management Serv	Garn-Empl (ck 03254884)	289.05
Jane Cromwell	Mile	347.20
Eakes	Off Supp	308.62
First Concord Benefits Grp	125 Flex-Empl (ck 03254887)	50.00
Jackson Services	Janit Supp	80.81
LCL Truck Equipment	Rd Eq Rep	265.20
Menards	Asphalt	1,041.88
Powerplan-Murphy Tractor	Rd Eq Rep/Comm Eq Rep	2,405.77
Nationwide Retire Sol	Ann-Empl (ck 03254892)	25.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 03254893)	2,699.28
NE Dept of Rev	Garn-Empl (ck 03254894)	500.00
NMC Inc	Rd Eq Rep	859.80
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254896)	6,027.21
PC Clerk/NCSPC	Garn-Empl (ck 03254897)	368.78
PC Clerk/OASI	Soc Sec-Empl (ck 03254898)	5,526.13
PC Clerk/OASI	Soc Sec-Match	5,526.13
Principal Life Ins Grp	Dent-Empl (ck 03254899)	484.05
Principal Life Ins Grp	Life Ins-Empl (ck 03254900)	181.81
Principal Life Ins Grp	Vis Ins-Emp (ck 03254901)	120.66
Retire Pln Div of Ameritas	Co Retire-Empl (ck 03254902)	3,399.01
Retire Pln Div of Ameritas	Co Retire-Match	5,098.53
Rose Equipment	Rd Eq Rep	2,162.56
Sapp Bros Petroleum	Htg Fuels	2,543.29
Schieffer Signs	Shop Supp	30.00
Sioux City Truck Sales Inc	Rd Eq Rep	978.65
Smith Fertilizer & Grain Co	Chem Supp	10,299.47
T-Bone Truck Stop	Eq Fuel	7,764.78
Truck Center Co	Rd Eq Rep	412.27
Truck Equipment Serv Co	Rd Eq Rep	239.43
Zieglers	Shop Supp	16.25
	Total	\$141,954.94
Previous amount allowed during current budget year		9,064,071.82
Total amount allowed to date		\$9,206,026.76

COMPREHENSIVE JUVENILE SERVICES FUND

Check Nos. 03250190-03250194 & 03254912-03254923, Incl.,

Total Net Payroll		\$4,345.69
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254912)	205.00
CDW Gov	Off Supp	90.01

SUPERVISORS RECORD NO. 49

Eakes	Off Supp	179.89
NE Dept of Rev/PC Clk	State Tax-Empl (ck 03254915)	162.22
Nebraska Juvenile Justice	Program Operating Supp	350.00
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254917)	288.24
PC Clerk/OASI	Soc Sec-Empl (ck 03254918)	409.64
PC Clerk/OASI	Soc Sec-Match	409.64
Platte Valley Diversion	Program Operating Supp	33.19
Principal Life Ins Grp	Dent-Empl (ck 03254920)	52.09
Principal Life Ins Grp	Vision-Empl (ck 03254921)	15.26
Provantage LLC	Program Operating Supp	2,483.28
Retire Plns Div Ameritas	Co Retire-Empl (ck 03254923)	149.21
Retire Plns Div Ameritas	Co Retire-Match	223.81
	Total	\$9,397.17
Previous amount allowed during current budget year		113,193.45
Total amount allowed to date		\$122,590.62

CHILD SUPPORT ENFORCEMENT FUND

Check Nos. 03250195-03250197 & 03254924-03254933, Incl.,

Total Net Payroll		\$3,978.45
AFLAC Insurance	Aflac-Empl (ck 03254924)	47.91
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254925)	205.00
Microfilm Imaging Syst	Data Processing Rental	188.00
NE Dept Rev/PC Clk	State Tax-Empl (ck 03254927)	147.76
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254928)	330.29
PC Clerk/OASI	Soc Sec-Empl (ck 03254929)	389.95
PC Clerk/OASI	Soc Sec-Match	389.95
Principal Life Ins Grp	Dent-Empl (ck 03254930)	52.09
Principal Life Ins Grp	Life Ins-Empl (ck 03254931)	7.24
Principal Life Ins Grp	Vision-Empl (ck 03254932)	15.26
Retire Plns Div Ameritas	Co Retire-Empl (ck 03254933)	243.80
Retire Plns Div Ameritas	Co Retire-Match	365.70
	Total	\$6,361.40
Previous amount allowed during current budget year		131,828.00
Total amount allowed to date		\$138,189.40

COUNTY VISITOR PROMOTION FUND

Check Nos. 03250198-03250199 & 03254934-03254949, Incl.,

Total Net Payroll		\$2,480.18
Amplified Digital	Print/Publ	250.00
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254935)	37.50

SUPERVISORS RECORD NO. 49

Columbus Area United Way	UW – Empl (ck 03254936)	5.00
CTM Media Group Inc	Print/Publ	1,762.50
First Concord Benefits Grp	125 Flex-Empl (ck 03254938)	37.50
Theresa Grape	Mileage/Lodging	644.68
NE Child Support Enf Assoc	Visit Dev Act	400.00
NE Dept Rev/PC Clk	State Tax-Empl (ck 03254941)	108.68
Nei-Turner Media Group	Print/Publ	1,000.00
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254943)	195.35
PC Clerk/OASI	Soc Sec-Empl (ck 03254944)	240.30
PC Clerk/OASI	Soc Sec-Match	240.30
Platte Valley Printing	Print/Publ	211.95
Principal Life Ins Grp	Dent-Empl (ck 03254946)	12.83
Ret Plns of Ameritas	Co Retire-Empl (ck 03254947)	111.63
Ret Pln Div of Ameritas	Co Retire-Match	167.45
Karen Schlautman	Mileage/Meals	175.72
Verizon	Tele	47.94
	Total	\$8,129.51
Previous amount allowed during current budget year		144,521.94
Total amount allowed to date		\$152,651.45

HIA/SELF FUNDING INSURANCE FUND

Check Nos. 03254950-03254951, Incl.,

Columbus Bank & Trust	Ins Prem	\$30.00
UHC/Platte Co Health Ins	Ins Prem	3,156.48
	Total	\$3,186.48
Previous amount allowed during current budget year		238,850.10
Total amount allowed to date		\$242,036.58

ADULT PRE-TRIAL DIVERSION FUND

Check Nos. 03250200 & 03254952-03254961, Incl.,

Total Net Payroll		\$904.24
BCBSNE Healthcare	Emp Sh Hlth Ins (ck #03254952)	37.50
First Concord Benefits Grp	125 Flex-Empl (ck 03254953)	80.00
Nationwide Retirement Sol	Ann-Empl (ck 03254954)	200.00
NE Dept Rev/PC Clk	State Tax-Empl (ck 03254955)	94.17
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254956)	150.45
PC Clerk/OASI	Soc Sec-Empl (ck 03254957)	119.22
PC Clerk/OASI	Soc Sec-Match	119.22
Principal Life Ins Grp	Dent-Empl (ck 03254958)	15.30
Principal Life Ins Grp	Life Ins-Empl (ck 03254959)	14.04

SUPERVISORS RECORD NO. 49

Principal Life Ins Grp	Vision-Empl (ck 03254960)	4.76
Retire Plns Div Ameritas	Co Retire-Empl (ck 03254961)	76.32
Retire Plns Div Ameritas	Co Retire-Match	114.48
	Total	\$1,929.70
Previous amount allowed during current budget year		34,341.85
Total amount allowed to date		\$36,271.55

VICTIM ASSISTANCE FUND

Check Nos. 03250201-03250202 & 03254962-03254971, Incl.,

Total Net Payroll		\$3,465.05
BCBSNE Healthcare	Emp Sh Hlth Ins (ck 03254962)	37.50
Eakes	Off Supp	118.02
Nationwide Retirement Sol	Ann-Empl (ck 03254964)	25.00
Nat'l Organization for Victim Advocacy	Reg	1,300.00
NE Dept of Rev/PC Clk	State Tax-Empl (ck 03254966)	132.69
PC Clerk/Fed Dep	Fed Tax-Empl (ck 03254967)	230.33
PC Clerk/OASI	Soc Sec-Empl (ck 03254968)	336.24
PC Clerk/OASI	Soc Sec-Match	336.24
Principal Life Ins Grp	Dent-Empl (ck 03254969)	12.83
Principal Life Ins Grp	Life Ins-Empl (ck 03254970)	5.90
Ret Pln Div of Ameritas	Co Retire-Empl (ck 03254971)	200.06
Ret Pln Div of Ameritas	Co Retire-Match	300.07
	Total	\$6,499.93
Previous amount allowed during current budget year		194,230.72
Total amount allowed to date		\$200,730.65

COVID AMERICAN FUND

Check Nos. 03254972-03254973, Incl.,

CDW-Gov	Covid American Rescue	\$23,896.14
Village of Monroe	Covid American Rescue	124,925.00
	Total	\$148,821.14
Previous amount allowed during current budget year		1,153,034.14
Total amount allowed to date		\$1,301,855.28

LAW ENFORCEMENT FUND

Check Nos. 03254974, Incl.,

Central Comm College	Breath Analysis	\$342.00
----------------------	-----------------	----------

SUPERVISORS RECORD NO. 49

Previous amount allowed during current budget year	113,599.04
Total amount allowed to date	\$113,941.04

DISTRICT PROBATION FUND

Check Nos. 03254975-03254981, Incl.,

Amazon Capital Serv	Off Supp	\$22.50
Datashield Corp	Handi-man/Misc Labor	24.00
Eakes	Furn/Office Supp	5,080.74
PEX Visa Prepaid Card	Drug Tech Post	148.06
Platte Valley Printing	Off Supp	83.39
Verizon	Tele	143.82
Windstream	Tele	14.18
	Total	\$5,516.69
Check No. 01254204 cancelled by the County Board		-30.00
Previous amounts allowed during current budget year		219,937.29
Total amounts allowed to date		\$225,423.98

Public Comments: Caleb Johnson reintroduced himself to the Board and updated on budget proceedings going forward.

Motion, Supervisor Harms, seconded Supervisor Trouba, to adjourn to March 25, 2025 at 9:10 a.m.

Voting: Harms: Aye, Kwapnioski: Aye, Lloyd: Aye, Ott: Aye, Reilly: Aye, Trouba: Aye

Whereupon the Chairperson declared the motion carried.

( S E A L )

Attest: _____ Jennifer E. Brown Clerk of the County Board	_____ Kim Kwapnioski Chairperson, Board of Supervisors
---	--



**RESOLUTION RECOGNIZING APRIL 2025 AS CHILD ABUSE PREVENTION MONTH**

**Whereas**, child abuse and neglect is a serious problem affecting every segment of our community, and finding solutions requires input and action from everyone; and

**Whereas**, child abuse can have long-term psychological, emotional, and physical effects that have lasting consequences for victims of abuse; and

**Whereas**, preventing child abuse and neglect means helping families build strengths so that children can thrive; and

**Whereas**, protective factors can strengthen families and reduce or prevent child abuse and neglect: access to basic needs of food, shelter, education, and health services, parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children; and

**Whereas**, we acknowledge that we must work together as a community to increase awareness about child abuse and contribute to promote the social and emotional well-being of children and families in a safe, stable, and nurturing environment; and

**Whereas**, the Columbus Area Child Abuse Prevention Team will implement Pinwheels for Prevention, a campaign promoting awareness of healthy child development, positive parenting practices, and the types of concrete support families need within their communities; and

**Now, therefore be it proclaimed** by the Platte County Board of Supervisors that April 2025 is Child Abuse Prevention Month and urges all of Platte County to engage in activities whose purpose is to strengthen families and communities to provide the optimal environment for healthy child development.

Adopted by the Board of Supervisors of the County of Platte this 25th day of March, 2025, by the following vote:

AYES:

NAYS:

ABSENT:

NOT VOTING:

---

Kim Kwapnioski, Chair  
Platte County Board of Supervisors



**MEMO TO:** County Weed Control Authority

**FROM:** Trevor Johnson, Program Manager  
Nebraska Department of Agriculture, Noxious Weed Program

**SUBJECT:** Reports and Requirements

Please find the enclosed Reports and Requirements sheet. The Nebraska Department of Agriculture (NDA) monitors and evaluates each County Weed Control Authority throughout the calendar year. The enclosed report is for the year 2024. This report uses a scoring system to evaluate if a county is meeting the requirements of the Nebraska Noxious Weed Control Act. The report is worth 3400 points which means a county has met the requirements set forth in the Nebraska Noxious Weed Control Act. If your county total score is less than 3400 points, then the county has deficiencies and steps need to be taken to correct.

The report is broken down into four sections: inspections, office evaluation, county reports and continuing education.

- Inspections consist of Survey Results and County Follow-up
  - NDA employees physically inspect survey sections that are randomly generated. These surveys are looking for the existence or non-existence of state designated noxious weeds. If uncontrolled noxious weeds are found those results are reported to the county.
  - Follow-up inspections will continue to be conducted, by NDA inspectors, on known infestations. The score reflects the control or lack thereof.
- Office Evaluation.
  - NDA staff inspect and review all paperwork and actions as outlined in the Noxious Weed Control Act.
- County Reports
  - This is the five required annual reports that your county submits each year on or before January 31.
- Continuing Education
  - County Weed Control Superintendents are required to attend a minimum of 20 hours of continuing education each year. These hours are obtained by attending training provided by the Nebraska Weed Control Association.

Please take time to discuss this report with the Control Authority Board and County Weed Control Superintendent during a regular meeting. If you would like to discuss further with your NDA inspector their contact information is on the summary page.

## Reports and Requirements Summary

Platte County

**Survey Results:** Complete. All points achieved.  
**County Follow-up:** Complete. All points achieved.

**Office Evaluation:** Complete. All points achieved.

**County Reports,**

**Roster:** Complete. No errors.  
**Budget:** Complete. No errors.  
**Activity:** Complete. No errors.  
**Infestation:** Complete. No errors.  
**Control Plan:** Complete. No errors.

**Continuing Education:** Complete. All points achieved.

**Return a dated and signed copy of this summary to the address or email below.**

Reviewed during a regular County Weed Control Authority Board meeting.

Date: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Weed Superintendent: \_\_\_\_\_

Tim Stortz  
101 Palmer  
Loomis, NE 68958  
[tim.stortz@nebraska.gov](mailto:tim.stortz@nebraska.gov)  
402-416-5642

REPORTS AND REQUIREMENTS

Year: 2024

County: Platte

	Score	Subtotal	Possible
<b>INSPECTIONS</b>			
Survey results	500		500
County followup	500	1000	1000

OFFICE EVALUATION

	1000	1000
--	------	------

COUNTY REPORTS

	Timeliness	Factor	
Roster	100	1.00000	100
Budget	50	1.00000	50
Activity	200	1.00000	200
Infestation	250	1.00000	250
Control plan	400	1.00000	400
			1000

CONTINUING EDUCATION

	400	400
--	-----	-----

TOTAL SCORE FOR YEAR:

3400      3400

APPLICATION TO OCCUPY PLATTE COUNTY ROAD RIGHT-OF-WAY  
PLATTE COUNTY HIGHWAY DEPARTMENT COURTHOUSE,  
2610 14TH STREET, COLUMBUS, NE 68601

Name: Midstates Data Transport

Address: 1548 Front St, Ste 102, Blair, NE 68008

Phone Number: 402-347-1010

Applicant is: Contractor \_\_\_\_\_ Other: \_\_\_\_\_

LOCATION OF ROAD CROSSING OR OCCUPATION: Map attached Yes

Approximately 966 feet South from the NW section corner of

Section 22, Township 19 North, Range 1E

Platte Co. Road No. MJ2221

Street \_\_\_\_\_ Avenue 145th Ave R.O.W. Width 66'

Type of Utility or Occupation to be constructed:

Water or Irrigation Line Pipe size and type \_\_\_\_\_

Sewer Pipe size and type \_\_\_\_\_

Electric Voltage/Type \_\_\_\_\_

Natural Gas Pipe size and type \_\_\_\_\_

Telephone Type \_\_\_\_\_

Fiber Optic Cable size and type 1-1.25" HDPE Conduit w/ Fiber Optic Cable

Other \_\_\_\_\_

Proposed method of installation:

Open Trench Width \_\_\_\_\_ Depth \_\_\_\_\_

Continuous Bore Size \_\_\_\_\_ Depth \_\_\_\_\_

Encasement Pipe Size \_\_\_\_\_ Depth \_\_\_\_\_

Air Knife Size \_\_\_\_\_ Depth \_\_\_\_\_

Plowing Size 1.25" Depth 3' min

Explosives: \_\_\_\_\_

Name and address of contractor performing the work: Bauer Underground

3700 W Norfolk Ave, Norfolk, NE 68701

Expected Start Date: 4/14/2025 Length of time for construction: 14 days

Encasement Requirements: \_\_\_\_\_

**\*\* ALL PLASTIC PIPE REQUIRED A TRACER LINE a minimum of 6" above the line. \*\***

Method of installation: Plow

I (We) agree to construct the Fiber Optic Route in accordance with the permit requirements and the policies and provisions included as a part of this permit.

Date: 3/12/2025

By: Laurie Smaus Digitally signed by Laurie Smaus  
Date: 2025.01.28 10:04:42 -06'00'

Applicants Signature

Phone: 402-317-1307

An inspection of the site of the road crossing or occupation as stated in the above application has been made. It is recommended that the permit be

Approved

Disapproved

Special Requirements of this Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location/Distance from center line of road: \_\_\_\_\_ Depth: \_\_\_\_\_

Location/Distance from edge of road surface: \_\_\_\_\_ Depth: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Platte County Highway Department

The above application is hereby approved subject to the County Policy and to specific requirements stated above.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Chairman, County Board of Supervisors

10/21/08

### Burial Path

△ Add Ped

### Materials

1.25 HDPE- Approx. 1680ft  
2ct Fiber - Approx. 1705ft  
1 Ped (stealth)

Plow 1.25 HDPE from C-C-013-A13a4 BD10 ped to new ped then to new ped plow 1.25 HDPE to building. Pull 2ct fiber from C-C-013-A13A4 BD10 ped to new ped then to building. Leave 10ft coil at each ped and 15ft at building.

145th Ave

C-C-013-A13A4 BD10-SPL-V