**Application for Exemption** File with Your from Motor Vehicle Taxes by Qualifying Nonprofit Organizations County Treasurer · Read instructions on reverse side. Tax Year Name of Organization 2020 FREMONT HOUSING AUTHORITY State Where Incorporated County Name Name of Owner of Property NE FREMONT HOUSING AUTHORITY DODGE Contact Name Phone Number Street or Other Mailing Address RITA GRIGG 4027274848 2510 N CLARKSON ST Zip Code Email Address State City 68025 NE **FREMONT** Type of Ownership X Charitable Organization Cemetery Organization Religious Organization Agricultural and Horticultural Society Educational Organization Title of Officers, Address, City, State, Zip Code Name **Directors, or Partners** EXECUTIVE DIRECTOR RITA GRIGG CHAIRMAN OF BRD COMM STAN DARLING VICE CHAIR OF BRD OF CO FRANK KMENT **Description of the Motor Vehicles** · Attach an additional sheet, if necessary. Registration Date or Date of Acquisition, if Newly Purchased Vehicle ID Number Model Year **Body Type** Motor Vehicle Make 2C4RC1BG4FR589535 TOURING MINI VAN CHRYSLER PLATE 2766 2015 1GCHK24U33E251009 CHEVROLET PLATE 2765 2003 SILVERADO K2500 HD FTBF2068 KEG5 220 2019 Plate 5952 Food F250 Are the motor vehicles used exclusively Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes): as indicated? X Charitable Educational Religious Cemetery Agricultural and Horticultural Society Give a detail description of the use of the motor vehicle: YES □ NO VEHICLES ARE USED FOR FREMONT HOUSING AUTHORITY BUSINESS (IE TRAINING DAILY If No, give percentage of exempt use: BUSINESS AND OPERATION, PROGRAM MANAGEMENT ETC 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. iso declare that I am dely authorized to sign this exemption application. For County Treasurer Recommendation Comments: Approval Approval of a Portion ☐ Denial For County Board of Equalization Use Only If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required. ☐ Approval

Nebraska Department of Revenue 96-253-2006 Rev. 6-2019 Supersedes 96-253-2006 Rev. 7-2018

Approval of a Portion

Denied

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Date

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

**FORM Application for Exemption** File with Your from Motor Vehicle Taxes by Qualifying Nonprofit Organizations 457 County Treasurer Read instructions on reverse side. Tax Year Name of Organization 2020 CARE CORPS, INC State Where Incorporated County Name Name of Owner of Property ΝE DODGE CARE CORPS, INC Phone Number Contact Name Street or Other Malling Address 4027213125 TERA KUCERA 723 N BROAD ST Email Address City State Zîp Code lifehousene.org TERA.KUCERA@GARE-CORPS-ORG-68025 NE FREMONT Type of Ownership Cemetery Organization Charitable Organization Educational Organization Religious Organization Agricultural and Horticultural Society Title of Officers. Address, City, State, Zip Code Name Directors, or Partners RORY BOWEN Jeff Glosser CHAIRMAN VICE CHAIRMAN TREASURER CHERYL PESTER **Description of the Motor Vehicles** · Attach an additional sheet, if necessary. Registration Date or Date of Acquisition, If Newly Purchased Vehicle ID Number Motor Vehicle Make Model Year **Body Type** 1FDKE30H6THA16237 VAN 1996 FORD PLATE 2787 TRAILER 533TC1627BC207860 2011 H&H PLATE 5947 Are the motor vehicles used exclusively Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes): as indicated? Charitable Cemetery Agricultural and Horticultural Society Educational Religious Give a detail description of the use of the motor vehicle: ☐ NO VEHICLE USED IN PICKING UP, DISTRIBUTING, AND DELIVERING ITEMS FOR LOW INCOME If No, give percentage of exempt use: MINISTRY OF DODGE COUNTY 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. eclare that I am July authorized to sign this exemption application. For County Treasurer Recommendation Comments: 🕅 Approval Approval of a Portion Denial

For County Board of Equalization Use Only If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required. Approval

Approval of a Portion

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

Denied

File with Your	fr	App om Motor Vehicl	e Taxes	by Qual	lifvina N	empti Ionprofit	<b>ON</b> : Organizatio	ons	FORM <b>457</b>
County Treasurer			- Read l	instruction	e on revere Tax Year	e sido.			
Name of Organization	ra resett				2020				
FIRST BAPTIST CI	HURCH				County No	me	<u> </u>	State Where	Incorporated
Name of Owner of Property					DODGI			NE	-
505 N C ST					Contact No			Phone Num	ber
Street or Other Meiling Addie	888			•		RD CRO		4027211	
City		State	Zip	Code	Emall Add	(888°)	`	کـد	bc. org
FREMONT		NE		68025		94416	6 CB +16	MONT	DC, OIG
Type of Ownership		<u> </u>					- I my to for	^	Cemetery Organize
Agricultural and Horlid	ultural Society	Educational Of	<del></del>	MΗ	eligious Org	anization	Charitable	Oldburguou	
Name	•	Title of Officers				Addre	вв, City, State,	Zip Code	
NDY Name		Directors, or Parin		919	<u> </u>	Ĩ.	Formant	NE L	8025
LANE CASH		TREASURER		<u>714</u> 336	<u>, 10.</u>	5 th	FREMONT	- <del>1)E</del>	68025
ICHARD CROOKS		PASTOR			GiNGER			Valle	<del></del>
ON CHARLESTON		CHAIR			Motor Ve		2 (-17-12-)	72-172	/
		L s A i	iescripiic fach en ac	on or me	sheet, if n	acessary.			
		1	ALLONI WIT WA	- Controller			7 2.1. D= 4hh		Registration Date of Date of Acquisition,
Motor Vehicle M	leko	ModelYear	ا	Воду Турв			Vehicle ID Numb	)BF	If Newly Purchased
ODGE PLATE 0525		1997		RAM VAN		2E	5WB35Z1VK56	3351	5-14-19
MERICAN TRANSPT PL	ATF 0553	2002		BUS		40	RBRABM02B94	6929	4-10-19
LUE BIRD PLATE 0518	7 TT V - T -	2005		BUS		1F	DXE45P04HA86	1409	6-12-19
Aug. 10110	<u>-</u>								<u> </u>
Agricultural and Hortic live a datali description of the RANSPORTING FOR	sultural Society ne use of the mo	☐Educational otor vahicle: PROGRAMMING (S	⊕F[ <u>K]</u> } YADNU:	aligious	Ch	arliable	□ Cemetery GHT	es indicated?  YEB  If No, give par	vehicles used exclusively  NO  centage of exempt dee:
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Approval  Approval  Approval	sultural Society ne use of the mo CHURCH F IER CHURC alther of lew, I de that I am duty at gnature	Educational stor vahicle: PROGRAMMING (S H RELATED EVEN clare that I have examine shortzed to sign this exer	UNDAY SITS  d this exemple applied app	SCHOOL  Stion application.  Til  Treasurer  Inature of Card of Equations	WEDNE  Ation and, to  Becomme	spay NIO  spay NIO  the bast of m  andation  use Only  inter  Use Only	SHT  y knowledge and b  "I''() cy's l'i''  County Treasurer's	as indicated?  YEB  If No, give par  seller, it is corre  recommendati  recommendati  he dotermination	One of exempt use:  Contage of
Agricultural and Horito  3ive a detail description of the RANSPORTING FOR VENTS AND TO OTH    Junder penil also declara is als	sultural Society ne use of the mo CHURCH F IER CHURC alther of lew, I de that I am duty at gnature	Educational stor vahicle: PROGRAMMING (S H RELATED EVEN clare that I have examine shortzed to sign this exer	UNDAY SITS  d this exempnellon applit r County T ents:  county Board's	SCHOOL  Stion applicated on The state of Control of Equation in the state of Equation in the sta	WEDNE  Ation and, to  Becomme	SDAY NICE SDAY NICE The best of m Indiation  Use Only Inter the Control Inter the Co	SHT  y knowledge and b  "I'' CL'S TA	as indicated?  YEB  If No, give par  seller, it is corre  recommendati  recommendati  he dotermination	Centage of exempt use:

**FORM** 

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations 457

•	•	Read instruction		e side.		
Name of Organization			Tax Year 2020			•
FIRST LUTHERAN CHURCH			County Na	me	State Where	Incorporated
Name of Owner of Property FIRST LUTHERAN CHURCH			DODG		NE	•
Street or Other Malling Address			Contact N	ame Grosse	Phone Numb	per
3200 E MILITARY AVE			WEND	Y OROSSE	4027212	959
City	State	Zip Code	Email Add	ress		
FREMONT	NE	68025	CONT	ACT@FLCFREMON	r.org	
Type of Ownership Agricultural and Horticultural Society	Educational Organiza	ation 🔀 R	eligious Org	anization Charitable	Organization	Cemetery Organization
Name	Title of Officers, Directors, or Partners			Address, City, State,	Zip Code	
DAVEKIRBY LON OLSON	PRESIDENT					
ECHOLSON Nick Verba	VICE PRESIDENT					
KENTSPEICHER Brad Dahl	TREASURER	<u> </u>				
		ription of the an additional				Registration Date or
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Num	ber	Date of Acquisition, if Newly Purchased
BLUE BIRD PLATE 052	1989	BUS		1BAHC7A5SKE03	32342	Sold Oct 201
S&W PLATE 5X207	1995	4 WH TRAILE	≅R	1S9EP121SW33		
SUPREME PLATE 0524	2012	BUS		1EFE4FS6CDA8		
H&H PLATE 5X5304	2012	4 WH TRAILI	ER	533TC1624CC21	1978	Sold Sept 201
Motor Vehicle described above is used in the		1.11	Name to the same		Are the motor	vehicles used exclusively
Under penaltiles of law, 1 d  sign laiso declare that I am duly a  Authorized Signature	eclare that I have examined this uthorized to sign this exemption	n application.	Ada	o the best of my knowledge and	bellef, it is corre	reenlage of exempt use: %  not and complete.
here Authorized Signature		Ti	itle"		Date	
		unty Treasurer	Recomm	endation		
☑ Approval ☐ Approval of a Portion ☐ Denial	Comment	Signature of V			l	11-13-19 Date
		nty Board of E			,, <u>,</u> ,,,	
Approval	If the County	Board's determina	ation is diffe	rent from the County Treasure	r's recommenda	ilon, an explanation is required.
Approval of a Portion						
☐ Denied		l declare ti of Equalization	hat to the be n is correct p	est of my knowledge and belie oursuant to the laws of the Sta	i, the determinat te of Nebraska.	ion made by the County Board
		Signature of C	County Boar	d Member		Date
						1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Application for Exemption

r Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

Name of Organization FIRST UNITED METHODIST	CUUDCH	Read instruction	Tax Year			
<del>-</del>	CHUDCH		1			
	GOUNGO		2020			
lame of Owner of Property			County Nan	ne	State Where	Incorporated
FIRST UNITED METHODIST	CHURCH		DODGE		NE	
treet or Other Mailing Address			Contact Na	ne	Phone Numb	er
815 N BROAD ST	•		TAMMY	EHRICH	4027210	817
ity	State	Zip Code	Email Addre	ess		
FREMONT	NE	68025	FREMO	NTFUMC@GPCON	1.NET	
/pe of Ownership			.l			
Agricultural and Horticultural Society	v	nization 🕅 R	eligious Orga	nization Charitable	Organization	Cemetery Organiza
	Title of Officers.				-	
Name	Directors, or Partner	s		Address, City, State,	Zip Code	
AAAAW FUDIOU	DIRECTOR					
AMMY EHRICH	REVERAND					
LL GEPFORD	REVERAND					
			Mataulla	hiolog		
		scription of the				
5	-Alla	CIT all additional	311001, 11 110			Registration Date or
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Num	ber	Date of Acquisition, if Newly Purchased
TARONALT ALLOTON DI LTT OF	2042	MULTI-PASSENGE	ER BIIS	1FDEE3FSSDDB	19402	
ARCRAFT ALLSTOR PLATE 058	2013	WULTI-FASSENGE	ER BOS	II DEZOI GODDO	101011	
tor Vehicle described above is used in th				V.	Are the motor	vehicles used exclusively
Under penalties of law, I I also declare that I am duly	declare that I have examined authorized to sign this exemp	otion appitcation.	cation and, to t			ct and complete.
nere Authorized Signature	nnevals	<del>\</del>		mai	Date	W ' 1
IEIE / Authorized Signature				v dotion		
	For	County Treasurer	Recomme	nuation		
☐ Approval	Comme	nts:				
						•
Approval of a Portion						
T Doniel		1/10	101	12 1-	00	1/10/
Denial		. <i>ア</i> カ,	V/ d#	VINDATA.	NA	11-13-1
		Signature of 0	County Treasi	irer Alla		Date
	For Co	ounty Board of Ed				
			· · · · · · · · · · · · · · · · · · ·		r'e recommendat	ion, an evolunation is requi
] Approval	If the Cou	nty Board's determina	anon is differe	nt from the County Treasure	i o ieuviiliieiiddi	ion, an explanation is requ
Approval of a Portion						
Denied		l declare ti of Equalization	hat to the bes	t of my knowledge and belie Irsuant to the laws of the Sta	f, the determinati te of Nebraska.	on made by the County Bo
			,			
			D	Mambar		Date
		Signature of C	Jounty Board	MENDEL		Date

## **Application for Exemption**

	HOIH MOIOL VEHICLE IN	axes by Qua • Read instruction	IITYING NONPFOIIT is on reverse side.	Organizations	·	457
Name of Organization		TIOUR MARKUCHON	Tax Year		I	
FREMONT ALLIANCE CHUR	RCH		2020			control .
Name of Owner of Property FREMONT ALLIANCE CHUF	RCH		County Name DODGE	Sta Ni	ite Where Incorp	orated
Street or Other Mailing Address	VOIT		Contact Name	Ph	one Number	
1615 N LINCOLN AVE			TOM NEVIUS	40	27215180	
City FREMONT	State NE	Zip Code 68025	Email Address OFFICE@FREI	MONTALLIANCE	.org	
Type of Ownership	y Educational Organi	zation 🔽 🛭	teligious Organization	Charitable Organ	nization	Cemetery Organizati
Agricultural and Horticultural Societ	Title of Officers, Directors, or Partners			ss, City, State, Zip (		
TOM NEVIUS	PASTER					
SCOTE WEHLING Mark Keste K	LENANCIAL SECRETARY	Assista	nt Treasures	-		
MARK BOHLMANN	GEREAL TREASURER		•			
	Des •Attac	cription of the	Motor Vehicles sheet, if necessary.			
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Number		Registration Date or Date of Acquisition,
	2007	VAN	1	FBSS31LX7DB25768		If Newly Purchased
FORD PLATE 0575	2007	77.11				
Motor Vehicle described above is used in th	oo following evernot category (r	lease mark the ann	licable boxes):	Are	the motor vehic	es used exclusively
Motor Venicle described above is used in in Agricultural and Horticultural Societ		Religious	Charitable	Cemetery as is	ndicated?	
Give a detail description of the use of the	· —				()YES	NO
Laiso declare that Lam.duly	I declare that I have examined the party of the second to sign this exempt	nis exemption applic ion application.	cation and, to the best of r	ny knowledge and belief		
sign Mark Bol	Amaria		Treasures		11/9/	ومير غ
here Authorized Signature		<del></del>				4
		1	itle		Date	<u> </u>
	For C	ounty Treasure	itle r Recommendation		Date	4
	For C		itle		Date	<i>q</i>
Approval			itle		Date	<i>q</i>
Approval of a Portion			itle	D	Date	4
q·		nts:	itle	gtad	) A	//-/ifu/
Approval of a Portion	Commen - For Co	signature of unity Board of E	r Recommendation  County Treasurer  qualization Use Only		) L	//-/if-/
Approval of a Portion	Commen - For Co	signature of unity Board of E	r Recommendation  County Treasurer		Date  Date	//-/if-/ Date
Approval of a Portion Denial	Commen - For Co	signature of unity Board of E	r Recommendation  County Treasurer  qualization Use Only		Date  Date	//-/if-/
Approval of a Portion  Denial  Approval  Approval  Approval of a Portion	Commen - For Co	signature of unity Board of E	r Recommendation  County Treasurer qualization Use Only ation is different from the	County Treasurer's reco		Date  n explanation is require
Approval of a Portion Denial Approval	Commen - For Co	signature of unty Board of Edy Board's determin	r Recommendation  County Treasurer  qualization Use Only	County Treasurer's reco	letermination ma	Date  n explanation is require

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

County frodostor	• F	Read instruction		e side.			
Name of Organization			Tax Year				
FREMONT AREA HABITAT F	OR HUMANITY		2020			State Where It	
Name of Owner of Property	1, 1		County Na			NE	ncorporated
Frement Arca Habitat to	ir Humanity		DODGE				
Street or Other Mailing Address			Contact Na			Phone Number	
701 E DODGE ST			JOY MO			40272187	71
City	State	Zip Code	Email Addr	'ess			
FREMONT	NE	68025					
Type of Ownership							r
Agricultural and Horticultural Society	Educational Organiza	tion 🔲 R	eligious Orga	anization	X Charitable C	Organization	Cemetery Organization
	Title of Officers,			6.1.1	- Oltre State 7	Un Cada	
Name	Directors, or Partners			Addre	ss, City, State, 2	.ip Code	
LISA-KRAMME Danc Martin Lillage	PRESIDENT VICE						
	VERPRESIDENT						
AMANDA OSTDICK	SECRETARY						
AMYGONE Alma Rosales		ription of the	Motor Va	hiclas			
		an additional					
	-Attaon	all additional	1				Registration Date or
Motor Vehicle Make	Model Year	Body Type	İ		Vehicle ID Numb	er	Date of Acquisition, if Newly Purchased
	1000	CUTAWAY V		16	DNE2726XHA96	850	
FORD PLATE 5958	1999	DUMP TRAIL			MDU1226EM020		
CARRRY ON PLATE 2792	2014	CUBE VAN E			DSE35L81HA74		
FORD PLATE 2800	2001	F150 XL TRIT			TRF18L7XKB11		
FORD PLATE 2786	1999				DWE35S44HA91		
FORD PLATE 2761	2004	CARGO VAI			DVVC0004411/40		vehloies used exclusively
Motor Vehicle described above is used in the		Religious		aritable	Cemetery	as indicated?	
Agricultural and Horticultural Society  Give a detail description of the use of the n			<u>(2)</u>		El		
GETTING TO BLDG SITES, PICK	ING UP AND HAULING	MATERIALS	PICK UP	DONATE	D ITEMS	YES  If No, give perd	centage of exempt use:
DUMP TRAILER TO DUMP ITEM	S EODM HOME STORE	AND FROM	CLEAN U	PON		%	, 0
	O I ONWITTOME OTOTAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- " -		-	
CONSTRUCIOTN SITES							
er a libera	lohed P.Z						
Secation	(UNEC 1					-	
						Pot No.	-1 and complete
Under penalties of law, I	declare that I have examined this	exemption applic	ation and, to	the best of r	ny knowledge and i	belief, it is correc	or and complete.
	authorized to sign this exemption	п аррясалоп.	/1/20 m	1	recha-	16-1	D 119
sign	1/4Can		TRECO	17 VC	rector		<u></u>
nere Authorized Signature		I	itie			Date	
	For Co	unty Treasure	r Recomm	endation			
Approval	Comments	3:					
		1 1		<b></b>			
☐ Approval of a Portion		//		$\neg \cap$		^ -	, /
Daniel		$\mathcal{M}_{\alpha}$	c OV	dK,	V i mall-	m d) L	11/1///
☐ Denial		. / W.	i K	VI 11	1011	Y/XX	11-14-79
		Signature of	County Trea	surer	//		Dale
	For Cour	nty Board of E	qualizatio	n Use Only	, —		
						recommendal	ion, en evolgnation is required.
Approval	If the County	Board's determin	ation is diffe	rent from the	County treasurer	s recommenda:	ion, an explanation is required.
□ Ammunual of a Portion							
☐ Approval of a Portion							
☐ Denled		l dealers	lhat ta tha ha	act of my kno	wledge and helief	the determinati	on made by the County Board
<del></del>		of Equalization	n is correct t	pursuant to ti	ne laws of the State	of Nebraska.	
		<b></b>		114 4			Date
		Signature of	County Boar	a Member			Pale

**Application for Exemption**from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

Oddiny neasurer	•1	Read instruction	s on revers	e side.		737
Name of Organization			Tax Year			
Fremont Area Habitat for Hum	anity		2020			
Name of Owner of Property			County Na	ime	State Where I	ncorporated
Fremont Area Habitat for Hum	anitv		Dodge		NE	
Street or Other Mailing Address			Contact Na	ame	Phone Number	er
701 E. Dodge Street			Joy Mc	Kav	402-721-8	3771
City	State	Zip Code	Email Add			
Fremont	NE	68025	1	emonthabitat.org		
Type of Ownership	114		130365.11			
Agricultural and Horticultural Society	Educational Organiza	ition R	teligious Org	anization X Charitable (	Organization	Cemetery Organization
Name	Title of Officers, Directors, or Partners			Address, City, State, 7	Zip Code	
Amanda Ostdiek	President		,			
Jane Martin-Hoffman	Vice President					
Alma Rosales	Secretary					
	···	ription of the	Motor Ve	ehicles		
		an additional				
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Numb	er	Registration Date or Date of Acquisition, if Newly Purchased
Chevy 1500 Ext. Cab LTDHD 05265B	2003	Chevy 1500 Ex	t Cah	1GCGK13U63F10	0974	5/29/19
H&H FLC Cargo 5948	2012	Trailer	· Oub	533TC1624CC211		9/27/19
Patriot Cargo 5949	2012	Trailer		4YMBC1426KM01		9/27/19
Homemade Traile 5950	1980	Trailer		E43674523799		9/27/19
Homemade traile 3930	1000	Tranoi			-	
sign   latso declare that I am duly a	eclare that I have examined this uthorized to sign this exemption	application.	Exec	the best of my knowledge and b		
here Authorized Signature	<i>t</i>	1	itle		Date	
	For Co	unty Treasurer	Recommo	endation	- 18	
Approval	Comments	:				
Approval of a Portion		<u> </u>				
☐ Denial		Signature of C	County Treats	Burghe	dt	//-///-/Q
	For Coun	ty Board of Ed	qualization	u Use Only		
Approval	If the County I	Board's determina	ation is differ	ent from the County Treasurer's	recommendation	on, an explanation is required.
Approval of a Portion						
☐ Denied						
				st of my knowledge and belief, ursuant to the laws of the State		n made by the County Board
		Signature of C	County Board	l Member		Date

**FORM Application for Exemption** File with Your from Motor Vehicle Taxes by Qualifying Nonprofit Organizations 457 County Treasurer Read instructions on reverse side. Tax Year Name of Organization 2020 LIBERTY BAPTIST CHURCH State Where Incorporated County Name Name of Owner of Property NE DODGE LIBERTY BAPTIST CHURCH Phone Number Contact Name Street or Other Mailing Address **ERIC FENSKE** 1106 N MAIN ST State Zip Code **Email Address** City 68025 NE **FREMONT** Type of Ownership Charitable Organization Cemetery Organization X Religious Organization Educational Organization Agricultural and Horticultural Society Title of Officers, Address, City, State, Zip Code Name Directors, or Partners DEACON **NEIL BURNS** TRUSTEE DANIEL LUCAS FENSKE DEAGON-GALWINT RANKLIN **Description of the Motor Vehicles** · Attach an additional sheet, if necessary. Registration Date or Date of Acquisition, If Newly Purchased Vehicle ID Number Model Year **Body Type** Motor Vehicle Make 1FBSS3BL9DDA76346 EXT SPORT VAN 2013 FORD PLATE 5-19 Are the motor vehicles used exclusively Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes): as indicated? Cemetery Charitable Educational X Religious Agricultural and Horticultural Society Give a detail description of the use of the motor vehicle: □NO TRANSPORTING PEOPLE TO CHURCH - TRANSPORTING PEOPLE TO VARIOUS OTHER If No, give percentage of exempt use:

Sign  I also declare that I am duly and here  Attihorized Signature	clare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete.  thorized to sign this exemption application.  Title    Date   D
	For County Treasurer Recommendation
Approval	Comments:
Approval of a Portion	
☐ Denial	Signature of County Treasurer Date

For County Board of Equalization Use Only

**ACTIVITIES** 

□ Approval

Denied

Approval of a Portion

Date

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

of Equalization is correct pursuant to the laws of the State of Nebraska.

I declare that to the best of my knowledge and belief, the determination made by the County Board

Signature of County Board Member

**Application for Exemption FORM** File with Your from Motor Vehicle Taxes by Qualifying Nonprofit Organizations 457 County Treasurer · Read instructions on reverse side. Name of Organization Tax Year 2020 LIVING WORD CHURCH FCF State Where Incorporated County Name Name of Owner of Property DODGE LIVING WORD CHURCH FCF OF FREMONT Phone Number Contact Name Street or Other Mailing Address 4027212068 JACKIE HARTMAN 1110 N LINCOLN State Zip Code Email Address City 68025 ΝE **FREMONT** Type of Ownership Cemetery Organization X Religious Organization Charitable Organization Educational Organization Agricultural and Horticultural Society Title of Officers, Address, City, State, Zip Code Name Directors, or Partners PRESIDENT remont JACKIE HARTMAN Fremont VICE PRESIDENT KENNETH HARTMAN 06 N. Red Fox SCRETARY/TREASURER DARLENE BURLIE **Description of the Motor Vehicles** ·Attach an additional sheet, if necessary. Registration Date or Vehicle ID Number Date of Acquisition, if Newly Purchased Model Year **Body Type** Motor Vehicle Make 1FBSS31S93HA46778 **ECONOLINE WAGON E350** FORD PLATE 5-54 2003 Are the motor vehicles used exclusively Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes): Educational Religious Cemeterv Agricultural and Horticultural Society Give a detail description of the use of the motor vehicle: YES ☐ NO USED TO TRANSPORT PEOPEL TO AND FROM CHURCH SERVICES WITH NO OTHER MEANS OF TRANSPORTATION - TO PICK UP FOOD FROM HEARTLAND FOOD BANK IN OMAHA FOR OUR If No, give percentage of exempt use: MONTHY FOOD BOX DISTRIBUTION - OCCASIONALLY TRANSPORTING YOUTH TO CAMP AND OTHERS TO RELIGIOUS CONFERENCES 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.

here Authorized Signature	Harlman Title Shoulder Org Date Date
	For County Treasurer Recommendation
Approval	Comments:
Approval of a Portion	
☐ Denial	signature of County Treasurer  Date  11-13-14
	For County Board of Equalization Use Only

	Signature of County Treasurer Date
	For County Board of Equalization Use Only
Approval	If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.
Approval of a Portion	
☐ 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

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

County freasurer		<ul> <li>Read Instruction</li> </ul>	is on reverse s	ide.			751
Name of Organization			Tax Year				
MASONIC EASTERN STAR	HOME FOR CHILD	REN	2020				
Name of Owner of Property			County Name	)		State Where I	ncorporated
MASONIC EASTERN STAR	HOME FOR CHILD	REN	DODGE			NE	
Street or Other Mailing Address	(11011121 011 011 011		Contact Name	9		Phone Number	er e e e e e e e e e e e e e e e e e e
2414 N MAIN ST			RON GIE	SSELMAN	V	40272111	185
City	State	Zip Code	Email Addres				
FREMONT	NE	68025					
Type of Ownership	111						
Agricultural and Horticultural Socie	iv	nization TF	Religious Organi	zation 🔀	Charitable C	Organization	Cemetery Organization
Agricultulai and norticultulai socie	, <u> </u>		,				
Name	Title of Officers, Directors, or Partne	re		Address, Cit	ty, State, 7	lip Code	
CHARLES HOUSE	PRESIDENT						····
EONA PADEN	1ST VICE PRESIDENT						
IOHN PARSONS	2N VICE PRESIDENT			1.1			
		escription of the					
	•Atte	ach an additional	sneet, a nec	essary.			Registration Date or
Motor Vehicle Make	Model Year	Body Type	•	Vehic	ie ID Numb	er	Date of Acquisition,
				400/504	G04T0004	E 4 1	If Newly Purchased
STARLITE 5945	1996	16' FLATBE			621TC061		
CARGO 5942	2000	10' ENCLOS			014YA000		
TITAN 5X1586	2005	16' STOCK TR/			320651034		
US CARGO 5944	2002	LANDSCAPE TF	RAILER		0163X068		
3MC 2797	2015	VAN			RFG7F1219		vehicles used exclusively
Motor Vehicle described above is used in t	the following exempt category		p‼cable boxes): ☑ Chari		Cemetery	as indicated?	reflicies daba exclusively
RAILERS ARE USED TO TRAI RANSPORTING OF CHILDRE	motor vehicle:	Religious FOR 4H ACTIVI FOR SCHOOL A	TES - VEHIO	CLES ARE F	OR THE VE	YES  If No, give perc	NO nentage of exempt use:
Give a detail description of the use of the RAILERS ARE USED TO TRAIR RANSPORTING OF CHILDRED DUTIES	notor vehicle:  NSPORT MATERIALS  N AND PERSONNEL F	FOR 4H ACTIVI FOR SCHOOL A	TES - VEHIOND FOR AD	CLES ARE F	VE	If No, give perc	centage of exempt use:
Give a detail description of the use of the TRAILERS ARE USED TO TRAITRANSPORTING OF CHILDRED DUTIES	motor vehicle:  NSPORT MATERIALS  N AND PERSONNEL F	FOR 4H ACTIVI OR SCHOOL A	TES - VEHIOND FOR AD	CLES ARE F MINISTRATI	VE viedge and b	If No, give perc	centage of exempt use:
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Give a detail description of the use of the RAILERS ARE USED TO TRAITED TO TR	I deptare that I have examined by authorized to sign this exem	FOR 4H ACTIVITY OF SCHOOL A	TES - VEHICAL COUNTY Treasure	CLES ARE F MINISTRATI  e best of my know  dation	VE viedge and b	If No, give perc	centage of exempt use:
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Give a detail description of the use of the RAILERS ARE USED TO TRAIT RANSPORTING OF CHILDRED UTIES  Under penalties of the last declare had am dure a last declare had am dure a last declare had am dure a last declare had	I deplate that I have examined by authorized to stip this exem	FOR 4H ACTIVITY OR SCHOOL AS It has exemption application.  County Treasure ents:	TES - VEHICAL POR AD COUNTY Treasur County Treasur County Treasur	CLES ARE F MINISTRATI  e best of my know  dation  dation  Jse Only	viedge and b	If No, give perc	centage of exempt use:
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Give a detail description of the use of the FRAILERS ARE USED TO TRAIFRANSPORTING OF CHILDRED DUTIES  Under penaltice of law. I also declare that am dutation and declare that am dutation declare that are declared as a second support of the penaltice of law.  Authorized Signature  Approval  Approval of a Portion  Approval of a Portion	I deplate that I have examined by authorized to stip this exem	FOR 4H ACTIVITY OR SCHOOL AS It has exemption application.  County Treasure ents:  Signature of Equaty Board's determined to the second	TES - VEHICAD FOR AD COUNTY Treasur Equalization L	cLES ARE F MINISTRATI  e best of my know  dation  dation  Jse Only  t from the County	viedge and b	If No, give perc	centage of exempt use:  ct and complete.  7.19  Date  June 13-1
Give a detail description of the use of the RAILERS ARE USED TO TRAITRANSPORTING OF CHILDRES UTIES  Under penalties of the last of the las	I deplate that I have examined by authorized to stip this exem	FOR 4H ACTIVITY OR SCHOOL AS It has exemption application.  County Treasure ents:  Signature of county Board's determined to the cou	TES - VEHICAL TES - VEHICAL TES - VEHICAL TES - VEHICAL TEST TEST TEST TEST TEST TEST TEST TES	cLES ARE F MINISTRATI  e best of my know  class Dive  dation  dation  Jse Only  at from the County  of my knowledge	viedge and b	oellef, it is correct Date	centage of exempt use:  ct and complete.  7.19  Date  June 13-1
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Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

County treasurer	••	OIII WOLOT VOINGIO	<ul> <li>Read instruction</li> </ul>	s on reversi	side.		407
Name of Organization				Tax Year		2001	
MASONIC EAST	ERN STAR H	HOME FOR CHILDR	EN	2020			
Name of Owner of Propert	У			County Na	me	State Where	ncorporated
MASONIC EASTE	ERN STAR H	OME FOR CHILDR	EN	DODGE	-	NE	
Street or Other Malling Ad				Contact Na	me	Phone Numb	er
2414 N MAIN ST				RON G	IESSELMANN	40272111	185
City		State	Zip Code	Email Addı	ess		
FREMONT		NE	68025				
Type of Ownership							
Agricultural and Hor	ticultural Society	Educational Organia	zation R	teligious Orga	anization 🔀 Charitable	Organization	Cemetery Organization
		Title of Officers,					
Name		Directors, or Partners			Address, City, State	Zip Code	
OUARI ECHONICE		PRESIDENT					
CHARLES HOUSE		1ST VICE PRESIDENT					
LEONA PADEN							
JOHN PARSONS		2N VICE PRESIDENT			hiolog		
1 14 A 34			cription of the				
-5 × 3500		Attac	Han auditional	311001, 11-110	ocessai y.		Registration Date or
Motor Vehicle	Make	Model Year	Body Type		Vehicle ID Num	ber	Date of Acquisition, if Newly Purchased
			TO ALICE OF	_	40Nto toenen to	22570	ii Newly Pulcilaseu
CHEV 2794		2011	TRAVERSE		1GNKVGED6BJ3:		
CHEV 0546		2008	SPORT VAN/E	308	1GAHG35K28112		
GMC 0547		2008	VAN/BUS		1GJHG39K28114		
CHEV 0548		2007	PASSENGER VA		1GAHG35U87113		
GMC 05776R		2006	SIERRA PICK	1	1GTHC29U66E20		unblales used systembook
Motor Vehicle described ab	ove is used in the	following exempt category (p	_			as indicated?	vehicles used exclusively
Agricultural and Hor	ilicultural cociety	Educational	Religious	X Ch		-	
DUTIES							
sign laso decla	e that I am duly a	eclare that Lhave examined the uthorized to sign this exempting the second of the seco	ion application.	Execu	ctive Directo		
			<b>9</b>			·	
⊠ Approval		Commen	ts:				
•			. 4				
Approval of a Po	rtion		<u> </u>	0 0	7) ,		
☐ Denial			Signature of	County Treas	Sugarda	df	
		For Cal	inty Board of Ed	qualization	Use Only		
[ Approval		If the Count	v Board's determina	ation is differ	ent from the County Treasure	's recommendati	on, an explanation is required.
Approval		a the count	,		•		·
Approval of a Pol	rtion	···					
Denled							
Dernou			l declare ti of Equalization	hat to the bean is correct p	at of my knowledge and belief ursuant to the laws of the Sta	, the determination of Nebraska.	on made by the County Board
				S	Manakara		Date
			Signature of C	Jounty Board	Member		Date

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

		<ul> <li>Read instruction</li> </ul>		side.			
Name of Organization		DEN.	Tax Year 2020				
MASONIC EASTERN STAI	R HOME FOR CHILD	KEN				State Where	Incorporated
Name of Owner of Property	D LIQUE EQD (IIII D	m = k I	County Nar			NE	пьогрогию
MASONIC EASTERN STAI	R HOME FOR CHILD	KEN	Contact Na			Phone Numb	er
Street or Other Mailing Address			RON GI		MANN	4027211	
2414 N MAIN ST	State	Zip Code	Email Addre		IVIP TI VI V	TOLIZIT	
City	State NE	68025	ł.	029			
FREMONT Type of Ownership	INE	00023	<u>′</u>				
Agricultural and Horticultural Soci	iety Educational Orga	nization F	Religious Orga	anization	Charitable	Organization	Cemetery Organization
Name	Title of Officers, Directors, or Partne	rs		Addre	ess, City, State,	Zìp Code	
CHARLES HOUSE	PRESIDENT						
LEONA PADEN	1ST VICE PRESIDENT						
JOHN PARSONS	2N VICE PRESIDENT						
	De	scription of the	e Motor Ve	hicles			
Aug. 2		ich an additional			25 5		
Motor Vehicle Make	Model Year	Body Type	9		Vehicle ID Num	ber	Registration Date or Date of Acquisition, if Newly Purchased
CHEV 2793	2004	IMPALA SED	DAN	2	G1WF52E74919	9020	
CHEV 2795	2012	EXPRESS V	/AN	10	GAWGRFG9C110	3603	
DODG 052102R	2009	RAM PICKU	JΡ	3	D7KS28L29G53	1163	
FORD 052538R	1997	PICKUP		11	FTHW26GXVEC	7054	
FORD 5923	2012	VAN			FMNE1BL6CDA2		
of bear 1 abide badraged about it seed in	the following exempt category	(please mark the ap			_	Are the motor as indicated?	vehicles used exclusively
MOIDI ABUIDIS RESCUDEN SONAS IS 6350 81			N/1 ~	مادا مداء	Cemetery	3 MO II MICHOCALOM.	
Agricultural and Horticultural Soci Give a detail description of the use of the TRAILERS ARE USED TO TRA TRANSPORTING OF CHILDRE	e motor vehicle:	Religious FOR 4H ACTIVI OR SCHOOL A	⊠Che ITES - VEH ND FOR A	HICLES A	ARE FOR THE	If No, give per	NO No nentage of exempt use:
Agricultural and Horticultural Sociative a detail description of the use of the TRAILERS ARE USED TO TRATRANSPORTING OF CHILDREDUTIES	e motor vehicle: \NSPORT MATERIALS EN AND PERSONNEL F	FOR 4H ACTIVI OR SCHOOL A	ITES - VEH	HICLES A	ARE FOR THE	If No, give perc	centage of exempt use:
Agricultural and Horticultural Sociative a detail description of the use of the TRAILERS ARE USED TO TRATRANSPORTING OF CHILDREDUTIES  Under penalties of law I also declare that I am du	e motor vehicle:	FOR 4H ACTIVIOR SCHOOL A	ITES - VEH ND FOR A	HICLES A	ARE FOR THE TRATIVE	If No, give perc	centage of exempt use:
Agricultural and Horticultural Sociative a detail description of the use of the TRAILERS ARE USED TO TRATRANSPORTING OF CHILDREDUTIES	e motor vehicle:  NSPORT MATERIALS EN AND PERSONNEL F	FOR 4H ACTIVIOR SCHOOL A	ITES - VEH ND FOR A	HICLES A	ARE FOR THE TRATIVE	If No, give perc	centage of exempt use:
Agricultural and Horticultural Sociative a detail description of the use of the TRAILERS ARE USED TO TRAITERANSPORTING OF CHILDREDUTIES  Underpendities of law is also declare that I am due	e motor vehicle:  NSPORT MATERIALS EN AND PERSONNEL F	FOR 4H ACTIVIOR SCHOOL A	ITES - VEH ND FOR A	HICLES A	ARE FOR THE	If No, give perc	centage of exempt use:
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Approval  Approval   Approval   Approval   Approval   Approval   Denial	e motor vehicle:  NSPORT MATERIALS EN AND PERSONNEL F  V, I declare that I have examined uly authorized to sign this exem  For  Comme	This exemption application application.  County Treasure  ents:	cation and, to the Executive Title  Transfer Recommendation  County Trease Equalization	the best of the be	ARE FOR THE TRATIVE	belief, it is correct  Date	centage of exempt use:
Approval  Approval  Approval  Approval  Approval  Approval	e motor vehicle:  NSPORT MATERIALS EN AND PERSONNEL F  V, I declare that I have examined uly authorized to sign this exem  For  Comme	This exemption application application.  County Treasure  ents:	cation and, to the Executive Title  Transfer Recommendation  County Trease Equalization	the best of the be	ARE FOR THE TRATIVE	belief, it is correct  Date	centage of exempt use:
Approval	e motor vehicle:  NSPORT MATERIALS EN AND PERSONNEL F  V, I declare that I have examined uly authorized to sign this exem  For  Comme	this exemption application application.  County Treasure  Signature of county Board of E	cation and, to the state of the	the best of the be	ARE FOR THE TRATIVE	belief, it is correct  Date  Serecommendation	centage of exempt use:
Agricultural and Horticultural Socialist and Horticultural	e motor vehicle:  NSPORT MATERIALS EN AND PERSONNEL F  V, I declare that I have examined uly authorized to sign this exem  For  Comme	this exemption application application.  County Treasure  Signature of ounty Board of E	cation and, to be that to the best that to the best time.	the best of the be	ARE FOR THE TRATIVE	belief, it is correct  Date  Serecommendate  The determination	centage of exempt use:
Approval	e motor vehicle:  NSPORT MATERIALS EN AND PERSONNEL F  V, I declare that I have examined uly authorized to sign this exem  For  Comme	this exemption application application.  County Treasure  Signature of ounty Board of E	cation and, to the second is correct put	the best of the be	ARE FOR THE TRATIVE  my knowledge and  Dividor  county Treasurer  awaledge and belief,	belief, it is correct  Date  Serecommendate  The determination	centage of exempt use:

# Application for Exemption

County Treasurer	from Motor Venicle 18	IXES DY QUA Read Instruction			nis	45/
Name of Organization		neau (nanucito)	Tax Year			
MASONIC EASTERN STAR	HOME FOR CHILDRE	ΞN	2020			
Name of Owner of Property			County Name		State Where	Incorporated
MASONIC EASTERN STAR	HOME FOR CHILDRE	ΞN	DODGE		NE	
Street or Other Mailing Address			Contact Name		Phone Numb	
2414 N MAIN ST			RON GIES	SSELMANN	4027211	185
City	State	Zip Code	Email Address			
FREMONT	NE	68025				
Type of Ownership						
Agricultural and Horticultural Socie	ty Educational Organiz	ation 🔲 R	Religious Organiz	ation X Charitable	Organization	Cemetery Organization
	Title of Officers,			Address, City, State,	7in Code	
Name	Directors, or Partners			Address, Orly, State,	zip oode	
CHARLES HOUSE	PRESIDENT					
LEONA PADEN	1ST VICE PRESIDENT					
JOHN PARSONS	2N VICE PRESIDENT		-			
	Desc	ription of the	Motor Vehic	eles		
		an additional				
	Model Year	Pody Typo		Vehicle ID Numb	ner .	Registration Date or Date of Acquisition,
Motor Vehicle Make	woder rear	Body Type		TOMOR ID HUMB		If Newly Purchased
CHEV 051	2016	VAN/BUS		1GAZGPFG3G126	4438	
CHEV 05107R	2016	PICKUP		3GCUKREC5GG33	4632	7-11-19
WILSON 5X1579	1993	GOOSENEC	CK	1W1BEAJC9PH51	4777	
S&W 5943	2012	TRAILER		1S9UP121XCW334	4D56	
HOMEMADE 5946	1995	TRAILER		NET1061234		
Motor Vehicle described above is used in t	he following exempt category (ple	ease mark the app			Are the motor as indicated?	vehicles used exclusively
Agricultural and Horticultural Socie	ety Educational	Religious	Charita	ble Cemetery	as indicated?	
Under penalties of law,	I declare that I have examined this authorized to sign this exemption	s exemption applic n application.	_	pest of my knowledge and l		ct and complete.
nere Authorized Signature		T	ille		Date	
	For Co	unty Treasurer	r Recommend	ation		
Approval	Comment	s:				
Approval of a Portion		A /)				wheeler and the second
Approvar of a 1 or non	**		1/1/	<i>)</i>	1 1	
Denial		Lai	County Treasurer	aggara	VK_	$\frac{1/-13-19}{\text{Date}}$
, annual	For Cou	nty Board of Ed	-			
Approval					s recommendat	ion, an explanation is required
				-		
Approval of a Portion	<del>,</del>					
☐ Denied		l declare ti of Equalization	hat to the best of n is correct pursu	my knowledge and bellef, ant to the laws of the State	the determination of Nebraska.	on made by the County Board
		Signature of C	County Board Me	mber		Date

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

County freasurer	•	Read instruction	s on reverse s	lde.		401
Name of Organization			Tax Year			
MASONIC EASTERN STA	AR HOME FOR CHILDRE	EN	2020			
Name of Owner of Property			County Name		State Where I	ncorporated
MASONIC EASTERN STA	AR HOME FOR CHILDRE	N.	DODGE		NE	
Street or Other Mailing Address			Contact Name	<b>9</b>	Phone Numb	er
2414 N MAIN ST			RON GIE	SSELMANN	40272111	185
City	State	Zip Code	Email Address	3		
FREMONT	NE	68025	1			
Type of Ownership	114		<u> </u>			
·· ·	ociety Educational Organiza	ation   □ B	teligious Organia	zation X Charitable	Organization	Cemetery Organization
Agricultural and Horticultural Sc		1	idigiodo Olgania			
Name	Title of Officers,			Address, City, State	, Zip Code	
	Directors, or Partners					
CHARLES HOUSE	PRESIDENT					
LEONA PADEN	1ST VICE PRESIDENT					
JOHN PARSONS	2N VICE PRESIDENT					
	Descr	ription of the	Motor Vehi	icles		
مستعديي المالي	•Attach	an additional	sheet, if nece	essary.		
	11-1-17	De de Timo		Vehicle ID Nun	nhar	Registration Date or Date of Acquisition,
Motor Vehicle Make	Model Year	Body Type Vehicle ID Number			If Newly Purchased	
STARLITE 5945	1996	TRAILER		13YFS1621TC0	31541	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Notor Vehicle described above is used	in the following everant category (nie	ase mark the app	olicable boxes);		Are the motor	vehicles used exclusively
		Religious	⊠ Charit	able Cemetery	as indicated?	
Agricultural and Horticultural Se Give a detail description of the use of		L_Triongroup	<u>E31 - 1141 11</u>		-	
DUTIES					%	•
sign Under penalties of I also deelare that Lem	law, I declare that I have examined this duly authorized to sign this exemption	n application.	Executi	ive Dixetor	_	7: 19
	For Co	unity Treasurer	necommen	RALIOIS		
<del>-</del> 4.	On many and a					
Approval	Comments	Si				
Approval of a Portion						
☐ While rail or a request		11 ()	10/	) ,	a A	•
☐ Denial		Signature of	County Treasure	Mytal	df_	1/-13-19 Date
	For Cour	nty Board of Ed	gualization U	se Only		
					r'e recommendati	on an evolunation is required.
☐ Approval	If the County	Board's determina	ation is different	from the County freasure	ers recommendati	on, an explanation is required.
Approval of a Portion						
			_			
□ Denied		l declare ti of Equalization	hat to the best on its correct purs	of my knowledge and belie uant to the laws of the Sta	of, the determination to of Nebraska.	on made by the County Board
		Signature of C	County Board M	ember		Date
		•	-			

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

, and a second s		<ul> <li>Read instruction</li> </ul>		e side.			
Name of Organization			Tax Year 2020				
METHODIST FREMONT HEA	LTH					State Where I	ncorporated
Name of Owner of Property			County Na	me		ne	попрочиной
METHODIST FREMONT HEA	LIH		dodge			Phone Number	ar
Street or Other Mailing Address			Contact Na		OND	40272737	
450 E 23RD ST							
City FREMONT	State NE	Zip Code 68025	Email Address 5 BRETT.RICHMOND@NMHS.ORG				
Type of Ownership							
Agricultural and Horticultural Society	Educational Organ	nization F	Religious Org		Charitable (		Cemetery Organization
Name	Title of Officers, Directors, or Partner	rs		Addre	ess, City, State,	Zip Code	
BRETT RICHMOND	PRESIDENT						<u></u>
BILL VOBEJDA	VP OPERATIONS						
MIKE SINDELAR Jeff Francis	VP CFO						
	De •Atta	scription of the ch an additional	Motor Ve sheet, if n	ehicles ecessary.			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Nu			er	Registration Date or Date of Acquisition, If Newly Purchased
H&H 5916	2005 E	NCLOSED CARGO	TRAILER		4J6SC10195B073	846	
CARRY ON TRAILER 5918	2012	UTILITY LANDS		4YMUL1412CM014414		1414	
SHARP TRAILER 5917	2014	7X18 4 WHEEL T	RAILER	1S9BE1825E18709		907	
CHEVY 5919	2002	SILVERADO PI	CKUP	1GBHK24U32E289		9729	
GMC SAVANA RV 5922	2002	RVG1500	)	1	GDFG15R821204	1380	
Motor Vehicle described above is used in the	following exempt category	(please mark the ap	plicable boxe	s):			vehicles used exclusively
Agricultural and Horticultural Society	Educational	Religious	⊠ Ch	arilable	Cemetery	as indicated?	
Patient/Resident t business purpos	•	,	•			If No, give perd	centage of exempt use:
sign  Under penalities of taw, I de la declare that I am duly a la declare that I am d	eclare that I have examined uthorized to sign this exem	ption application.	cation and, to Presid				ot and complete.
	For	County Treasure	r Recomm	endation			
Approval	Comme	ents:	a nte				
Approval of a Portion		Signature of	County Treat	surer	rasta	df	11-13-19 Date
	For Co	ounty Board of E			у		
Approval						s recommendat	ion, an explanation is required.
Approval of a Portion							
☐ Denied		l declare of Equalization	that to the be on is correct p	est of my kn nursuant to	owledge and belief, the laws of the Stat	the determinati e of Nebraska.	on made by the County Board
		Signature of	County Boar	d Member		· · · · · · · · · · · · · · · · · · ·	Date

**FORM** 457

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations
• Read instructions on reverse side.

Name of Organization		- Houd mor		Tax Year		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
METHODIST FREMONT HEA	LTH			2020		Cinia Minara I	nearmorated	
Name of Owner of Property				County Na		State Where I	ncorporated	
METHODIST FREMONT HEA	LIH			Contact Na		Phone Number	er	
Street or Other Mailing Address 450 E 23RD ST					RICHMOND	40272737	781	
City	State	Zip Co	de	Email Address				
FREMONT	NE	6	8025	BRETT	.RICHMOND@NMH	s.org		
Type of Ownership			<u></u>			Our almation	Cemetery Organization	
Agricultural and Horticultural Society	Educational Org		<u>∐</u> R	eligious Org	anization X Charitable	Organization	Oetholory Organization	
Name	Title of Officers Directors, or Partn				Address, City, State,	e, Zip Code		
BRETT RICHMOND	PRESIDENT							
BILL VOBEJDA	VP OPERATIONS VP CFO							
MIKESINDELAR Joff Francis		escription	of the	Motor Ve	hicles			
		tach an addi					Partatuallan Data as	
Motor Vehicle Make	Model Year	Model Year Body Type		Vehicle ID I		ber	Registration Date or Date of Acquisition, If Newly Purchased	
FORD 5920	2007		E-250 ECONLINE VAN		1FTNS24L67DB21232			
CHEV 5921	2010		ICVERTIDO ( TOTTO)		1GC3KVBG9AF14			
CHRYLSER 5924	2012		4 0110011111		2C4RC1CG2CR36 1FDEE3FS7HDC2			
FORD 053	2017	E 330 CO	TAVVA	1 000	11 02201 0111001			
Motor Vehicle described above is used in the	following exempt categor	y (please mark	the app	licable boxe	s):		vehicles used exclusively	
Agricultural and Horticultural Society	Educational	Religio		⊠c⊦	aritable Cemetery	as indicated?		
Give a detail description of the use of the mo Patient   Resident business purpose	transportad	don ar	nd/o	r ger	eral	∏YES  If No, give perd	NO centage of exempt use:	
Under penalties of taw, I de I also declare that I am outly a	eclare that I have examine	d this exemption	n applic	cation and, to	the best of my knowledge and	belief, it is corre	ct and complete.	
sign lake declare that I am duly a	uthorized to sign this exe	триоп аррисан				11	18/19	
here Authorized Signature			— ‡	Title Date				
11616 - Authorized digitation		r County Tre	OCUPA	Recomm	endation	<del> </del>		
	······································	or County IIIe	asuici	TICOCITIII	OTTO ACTION			
☑ Approval	Comm	nents:						
1		_4	(			*****		
Approval of a Portion		1		. 1	7/2.	11	1 10 10	
☐ Deniał		Signa	ature of	County Treat	La L	at	11-13-19 Date	
	For	County Boar						
[ ] Approval						's recommendat	ion, an explanation is required.	
Approval	ii ale Oi	,			•			
Approval of a Portion								
☐ Denied		l d of Equ	leclare t ualizatio	hat to the be n is correct p	st of my knowledge and belie oursuant to the laws of the Sta	, the determinati te of Nebraska.	on made by the County Board	
		Signa	ture of (	County Boar	d Member		Date	

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

County Treasurer	113	DIII MOLOI VEINOIE II	<ul> <li>Read instruction</li> </ul>	s on reverse s			401
lame of Organization			- Head mandenon	Tax Year			
MOSAIC FREMON	NT NE OFFI	CE	ļ	2020			
ame of Owner of Property				County Name		State Where It	ncorporated
Shawa Ma	•			DODGE		NE	
treet or Other Mailing Add				Contact Name	₿	Phone Number	2000 2000 0 1
105 E NORFOLK		. 200		Cassi	6	(402)	) 379-3888 ext.
ity		State	Zip Code	Email Address Cassandra. Reckemeier a mosaicinto.ora			
NORFOLK		NE	68701	Cassardi	ra, kreikemeier i	o mosaic	into ora
pe of Ownership							~
Agricultural and Hort	ticultural Society	Educational Organiz	zation R	eligious Organi	ization X Charitable (	Organization	Cemetery Organization
Name		Title of Officers, Directors, or Partners			Address, City, State, 7	Zip Code	
NDA TIMMONS		CEO					
OTT HOFFMAN		CFO					
ACEY SCHLEGEL		EXECUTIVE DIRECTOR					
			cription of the	Motor Veh	icles		
			h an additional				
Motor Vehicle	or Vehicle Make Model Year Body Typ		Body Type		Vehicle ID Numb	er	Registration Date or Date of Acquisition, If Newly Purchased
IEV 2762		2011	van	an 1GAZGZFG4B119022		0225	
IEV 2763		2011	VAN		1GAZGZFG7B1189		
DDGE 5951		2019	GRAND CARA	VAN	2C4RDGBG0KR77	0268	
otor Vehicle described abo  Agricultural and Hort live a detail description of RANSPORTING DIS	ticultural Society the use of the mo	Educational otor vehicle:	Religious	⊠ Chari		as indicated?  YES  If No, give perc	NO entage of exempt use:
Agricultural and Hort	ticultural Society the use of the mo	Educational otor vehicle: VIDUALS	Religious	⊠ Chari	table Cemetery	If No, give perc	entage of exempt use:
Agricultural and Hort live a detail description of RANSPORTING DIS	ticultural Society the use of the mo	Educational otor vehicle:	Religious  Religious	Chari	e best of my knowledge and	If No, give perc	entage of exempt use:
Agricultural and Hornive a detail description of RANSPORTING DIS	ticultural Society the use of the mossing section of the mossing section of the mossing section of the mossing section of the section of the mossing section of	Educational otor vehicle: VIDUALS	Religious  Religious	Chari	table Cemetery	If No, give perc	entage of exempt use:
Agricultural and Hort ve a detail description of ANSPORTING DIS  Under pe	ticultural Society the use of the mossing section of the mossing section of the mossing section of the mossing section of the section of the mossing section of	Educational otor vehicle: VIDUALS	Religious  nis exemption application application.	Chari	e best of my knowledge and	If No, give perc	entage of exempt use:
Agricultural and Hort ve a detail description of RANSPORTING DIS  Under pe	ticultural Society the use of the mossing section of the mossing section of the mossing section of the mossing section of the section of the mossing section of	Educational otor vehicle: VIDUALS eclare that I have examined the	Religious  nis exemption application application.	Eation and, to the	e best of my knowledge and the Divreture	If No, give perc	entage of exempt use:
Agricultural and Hort ve a detail description of ANSPORTING DIS  Under pe	ticultural Society the use of the mossing section of the mossing section of the mossing section of the mossing section of the section of the mossing section of	Educational otor vehicle: VIDUALS eclare that I have examined the	Religious  is exemption application.	Eation and, to the	e best of my knowledge and the Divreture	If No, give perc	entage of exempt use:
Agricultural and Hort ve a detail description of ANSPORTING DIS  Under per lalso declare Adinorized	ticultural Society the use of the mossing section of the mossing section of the mossing section of the mossing section of the section of the mossing section of	Educational otor vehicle: VIDUALS eclare that I have examined the	Religious  nis exemption application application.  Ti	Eation and, to the	e best of my knowledge and the Divreture	If No, give perc	entage of exempt use:
Agricultural and Hort ve a detail description of ANSPORTING DIS  Under pe I also declare action There Adjinorized	ticultural Society the use of the monopolity the use of the monopolity senatties of law, I do to that I am doly at Signature	Educational otor vehicle: VIDUALS eclare that I have examined the standard to sign this exemption.  For C	Religious  nis exemption application application.  Ti	Eation and, to the	e best of my knowledge and the Divreture	If No, give perc	entage of exempt use:
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Agricultural and Hort we a detail description of ANSPORTING DIS  Under pe I also declare also declare Approval Approval Approval of a Por	ticultural Society the use of the monopolity the use of the monopolity senatties of law, I do to that I am doly at Signature	Educational otor vehicle: VIDUALS eclare that I have examined the standard to sign this exemption.  For C	Religious  is exemption application.  Ticounty Treasurer  ats:	ASSOCIA	e best of my knowledge and le Divector dation	If No, give perc	entage of exempt use:  I and complete.  II - I 3 - I 9
Agricultural and Horize a detail description of ANSPORTING DIS	ticultural Society the use of the monopolity the use of the monopolity senatties of law, I do to that I am doly at Signature	Educational otor vehicle: VIDUALS eclare that I have examined the support of the second of the secon	Religious  is exemption application.  Tounty Treasurer  its:	ASSOCIA Title  Recomment	e best of my knowledge and the Divictor dation	If No, give perc	entage of exempt use:
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Agricultural and Hort re a detail description of ANSPORTING DIS  Under pe I also declare authorized  Approval Approval Denial	ticultural Society the use of the monopolity the use of the monopolity senatties of law, I do to that I am doly at Signature	Educational otor vehicle: VIDUALS  seclare that I have examined the other includes to sign this exemple.  For C  Commen	Religious  nis exemption application application.  Ti  county Treasurer  ats:  Signature of Cunty Board of Ecu	ASSOCIA  Recomment	e best of my knowledge and le Divrc fuv dation	If No, give percent with the percent wit	entage of exempt use:  stand complete.  11-13-19 Date
Agricultural and Horize a detail description of ANSPORTING DISTING ISTAND DESCRIPTION OF A POPULATION DESCRIPTION DESC	ticultural Society the use of the monopolitical transfer of law, I do e that I am doly as Signature	Educational otor vehicle: VIDUALS  seclare that I have examined the other includes to sign this exemple.  For C  Commen	Religious  nis exemption application application.  Ti  county Treasurer  ats:  Signature of Cunty Board of Ecu	ASSOCIA  Recomment	e best of my knowledge and le Divrc fuv dation	If No, give percent with the percent wit	entage of exempt use:  I and complete.  II - I 3 - I 9
Agricultural and Hort ve a detail description of ANSPORTING DIS  Under per lalso declare authorized  Approval Approval Denial	ticultural Society the use of the monopolitical transfer of law, I do e that I am doly as Signature	Educational otor vehicle: VIDUALS  seclare that I have examined the other includes to sign this exemple.  For C  Commen	Religious  nis exemption application application.  Ti  county Treasurer  ats:  Signature of Cunty Board of Ecu	ASSOCIA  Recomment	e best of my knowledge and le Divrc fuv dation	If No, give percent with the percent wit	entage of exempt use:  stand complete.  11-13-19 Date
Agricultural and Hort live a detail description of RANSPORTING DIS  Under pe I also declare I also declare Approval Approval Denial Approval	ticultural Society the use of the monopolitical transfer of law, I do e that I am doly as Signature	Educational otor vehicle: VIDUALS  seclare that I have examined the other includes to sign this exemple.  For C  Commen	Religious  in sexemption application application.  Tounty Treasurer  its:  Signature of Cunty Board of Ecty Board's determine	ASSOCIA Title Recomment County Treasure qualization U	e best of my knowledge and the Divrc fur dation  dation  dation  Jse Only  t from the County Treasurer's	If No, give perc	t and complete.  //////////////////////////////////
Approval	ticultural Society the use of the monopolitical transfer of law, I do e that I am doly as Signature	Educational otor vehicle: VIDUALS  seclare that I have examined the other includes to sign this exemple.  For C  Commen	Religious  A Relig	ASSOCIAL THE RECOMMENT County Treasure qualization U	e best of my knowledge and the Divrc fuve dation  dation  dation  drive County Treasurer's the county Treasurer's	If No, give percompeller, it is correct to belief, it is correct to be a second t	entage of exempt use:  stand complete.  11-13-19 Date
Approval	ticultural Society the use of the monopolitical transfer of law, I do e that I am doly as Signature	Educational otor vehicle: VIDUALS  seclare that I have examined the other includes to sign this exemple.  For C  Commen	Religious  A Relig	ASSOCIAL THE RECOMMENT County Treasure qualization U	e best of my knowledge and the Divrc fur dation  dation  dation  Jse Only  t from the County Treasurer's	If No, give percompeller, it is correct to belief, it is correct to be a second t	t and complete.  //////////////////////////////////
Approval Approval Approval Approval Approval	ticultural Society the use of the monopolitical transfer of law, I do e that I am doly as Signature	Educational otor vehicle: VIDUALS  seclare that I have examined the other includes to sign this exemple.  For C  Commen	Religious  A Relig	ASSOCIAL TITLE TO THE TENT OF	e best of my knowledge and le Divector  dation  dation  dation  of my knowledge and belief, suant to the laws of the State	If No, give percompeller, it is correct to belief, it is correct to be a second t	t and complete.  //////////////////////////////////

# Application for Exemption

Name  Title of Officers, Directors, or Partners  SANDY TERRY  PRESIDENT  MATT WILSON  PRESIDENT  Description of the Motor Vehicles  *Attach an additional sheet, if necessary.	•
SALEM EVANGELICAL LUTHERAN CHURCH  Name of Owner of Property  NEBRASKA SYNOD ELCA, SALEM LUTH CHURCH  DODGE  Strate Or Other Mailling Address  Ground Name  DODGE  NE  Phone Number  4027216158  City  State  Zip Code FREMONT  NE  68025  Remil Address  FREMONT  NE  Ball Address  City State, Zip Code  Address, City, State, Zip Code  SANDY TERRY  PRESIDENT  MATT WILSON  FINANCE DIRECTOR  Motor Vehicle Make  Model Year  Motor Vehicle Make  Model Year  Motor Vehicle Make  Model Year  Body Type  Vehicle ID Number  Attach an additional sheet, if necessary.  PRESIDENT  FORD 0510  1995  VAN  1FDJE30H4SHC08055  STAL, 0574  2012  VAN  1FDJE37H2CDB04909  STAL, 0574  2014  TRAILER  S5ZR1EA28E1000338  IMDE 5928  1986  TRAILER  NET1059972  Are the motor vehicles in as indicated?  As indicated?	Cemetery Organiz  Registration Date o Date of Acquisition
State   Vehicle   Vehicl	Cemetery Organiz  Registration Date o Date of Acquisition
NEBRASKA SYNOD ELCA, SALEM LUTH CHURCH  DODGE  NE Street or Other Mailing Address 401 E MILITARY AVE  Contact Name  SQUARTY  Phone Number 4027216158  Email Address  FREMONT  NE 68025  Email Address  Em	Cemetery Organiz
Contact Name	Cemetery Organiz
A01 E MILITARY AVE  State	Cemetery Organiz
Stale Zip Code FREMONT NE 68025  FREIDENT NET CODE  Address, City, State, Zip Code  FREIDENT NATT WILSON  FINANCE DIRECTOR  Description of the Motor Vehicles  Attach an additional sheet, if necessary.  Motor Vehicle Make Model Year Body Type Vehicle ID Number Data National	Cemetery Organiz
FREMONT  NE  68025    FREMONT   NE   Address   City, State, Zip Code	Registration Date o
Title of Officers, Directors, or Partners  Address, City, State, Zip Code  Title of Officers, Directors, or Partners  AATT WILSON  PRESIDENT  Description of the Motor Vehicles -Attach an additional sheet, if necessary.  Motor Vehicle Make  Model Year  Body Type  Vehicle ID Number  Dat If Name  Torna 1995	Registration Date o
Address, City, State, Zip Code  Title of Officers, Directors, or Partners  ANDY TERRY PRESIDENT  AATT WILSON FINANCE DIRECTOR  Description of the Motor Vehicles  Attach an additional sheet, if necessary.  Motor Vehicle Make Model Year Body Type Vehicle ID Number Batter in National State (Part National State)  TALL 0574 2012 VAN 1FDE3F1-9CDB04909  TALL 0574 2014 TRAILER 55ZR1EA28E1000338  MIMDE 5928 1986 TRAILER NET1059972  Agricultural and Horticultural Society Educational Religious Charitable Cemetery  Agricultural and Horticultural Society Educational Religious Charitable Cemetery  Address, City, State, Zip Code	Registration Date o
Name  Title of Officers, Directors, or Partners  PRESIDENT  MATT WILSON  PRESIDENT  Attach an additional sheet, if necessary.  Motor Vehicle Make  Model Year  Body Type  Vehicle ID Number  Description of the Motor Vehicles  Attach an additional sheet, if necessary.  FORD 0510  STAL 0574  2012  VAN  1FDJE30H4SHC08055  STAL 0574  2012  VAN  1FDE3FL9CDB04909  R&M 5929  2014  TRAILER  S5ZR1EA28E1000338  HMDE 5928  1986  TRAILER  NET1059972  Interpretable of the motor vehicles as indicated?  Are the motor vehicles as indicated?  Cive a detail description of the use of the motor vehicles:	Registration Date o
Name  Directors, or Partners  PRESIDENT  MATT WILSON  FINANCE DIRECTOR  Description of the Motor Vehicles Attach an additional sheet, if necessary.  Motor Vehicle Make  Model Year  Body Type  Vehicle ID Number  PORD 0510  1995  VAN  1FDJE30H4SHC08055  STAL 0574  2012  VAN  1FDE3FL9CDB04909  RRM 5929  2014  TRAILER  55ZR1EA28E1000338  HMDE 5928  1986  TRAILER  NET1059972  Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):  Agricultural and Horticultural Society  Educational  Religious  Charitable  Cemetery  Are the motor vehicles as indicated?	Date of Acquisition
Are the motor vehicles as indicated?    Directors, or Partners	Date of Acquisition
Description of the Motor Vehicles -Attach an additional sheet, if necessary.  Motor Vehicle Make	Date of Acquisition
Description of the Motor Vehicles -Attach an additional sheet, if necessary.  Motor Vehicle Make  Model Year  Body Type  Vehicle ID Number  PORD 0510  1995  VAN  1FDJE30H4SHC08055  STAL 0574  2012  VAN  1FDE3FL9CDB04909  R&M 5929  2014  TRAILER  55ZR1EA28E1000338  HMDE 5928  1986  TRAILER  NET1059972  Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):  Agricultural and Horticultural Society  Educational Religious Charitable Cemetery  Give a detail description of the use of the motor vehicles:	Date of Acquisition
Aftach an additional sheet, if necessary.  Motor Vehicle Make  Model Year  Body Type  Vehicle ID Number  Regular	Date of Acquisition
Aftach an additional sheet, if necessary.  Motor Vehicle Make  Model Year  Body Type  Vehicle ID Number  FREE Dat If N  FORD 0510  1995  VAN  1FDJE30H4SHC08055  VAN  1FDE3FI.9CDB04909  R&M 5929  2014  TRAILER  55ZR1EA28E1000338  MDE 5928  1986  TRAILER  NET1059972  Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):  Are the motor vehicles as indicated?  Give a detail description of the use of the motor vehicle:	Date of Acquisition
Motor Vehicle Make  Model Year  Body Type  Vehicle ID Number  Reg Dat If N  FORD 0510  1995  VAN  1FDJE30H4SHC08055  STAL 0574  2012  VAN  1FDE3FL9CDB04909  R&M 5929  2014  .TRAILER  55ZR1EA28E1000338  IMDE 5928  1986  TRAILER  NET1059972  Are the motor vehicles to as Indicated?  Give a detail description of the use of the motor vehicle:	Date of Acquisition
Motor Vehicle Make  Model Year  Body Type  Vehicle ID Number  Dat if N  ORD 0510  1995  VAN  1FDJE30H4SHC08055  STAL 0574  2012  VAN  1FDE3FL9CDB04909  R&M 5929  2014  .TRAILER  55ZR1EA28E1000338  IMDE 5928  1986  TRAILER  NET1059972  Identify the motor vehicles of the motor vehicles of the motor vehicles.  Are the motor vehicles of as indicated?	Date of Acquisition
FORD 0510 1995 VAN 1FDJE30H4SHC08055  STAL 0574 2012 VAN 1FDE3FL9CDB04909  R&M 5929 2014 TRAILER 55ZR1EA28E1000338  HMDE 5928 1986 TRAILER NET1059972  Stotor Vehicle described above is used in the following exempt category (please mark the applicable boxes):  Agricultural and Horticultural Society Educational Religious Charitable Cemetery  Give a detail description of the use of the motor vehicle:	if Newly Purchased
STAL 0574  2012  VAN  1FDE3FL9CDB04909  R&M 5929  2014  TRAILER  55ZR1EA28E1000338  HMDE 5928  1986  TRAILER  NET1059972  Are the motor vehicles as indicated?  Are the motor vehicles as indicated?  Give a detail description of the use of the motor vehicle:	
STAL 0574 2012 VAN 1FDE3FL9CDB04909  R&M 5929 2014 .TRAILER 55ZR1EA28E1000338  HMDE 5928 1986 TRAILER NET1059972  Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):  Agricultural and Horticultural Society Educational Religious Charitable Cemetery  Give a detail description of the use of the motor vehicle:	
R&M 5929 2014 .TRAILER 55ZR1EA28E1000338  HMDE 5928 1986 TRAILER NET1059972  fotor Vehicle described above is used in the following exempt category (please mark the applicable boxes):  Agricultural and Horticultural Society Educational Religious Charitable Cemetery  Give a detail description of the use of the motor vehicle:	
Indicated?	
Action Vehicle described above is used in the following exempt category (please mark the applicable boxes):  Agricultural and Horticultural Society  Educational  Religious  Charitable  Cemetery  Are the motor vehicles as indicated?  Give a detail description of the use of the motor vehicle:	
Agricultural and Horticultural Society Educational Religious Charitable Cemetery  Sive a detail description of the use of the motor vehicle:	
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 corl also declare that I am duly authorized to sign this exemption application.	and complete.
	- 1.0
here Authorized Signature Title Date	2/19
For County Treasurer Recommendation	2/19
	2/19
	2/19
Approval Comments:	2/19
1 0	2/19
Approval Comments:	2/19
Approval of a Portion	2/19
Approval of a Portion	11-14-1
Approval of a Portion	2/19 //-14-/
☐ Approval of a Portion ☐ Denial Signature of County Treasurer  ☐ Approval of a Portion	2/19 1/-14-/
☐ Approval of a Portion ☐ Denial ☐ Denial ☐ Signature of County Treasurer ☐ For County Board of Equalization Use Only	//-///////////////////////////////////
☐ Approval of a Portion ☐ Denial Signature of County Treasurer  ☐ Approval of a Portion	//-///////////////////////////////////
Approval of a Portion  Denial  Signature of County Treasurer  For County Board of Equalization Use Only  If the County Board's determination is different from the County Treasurer's recommendation, an expense of the County Treasurer's recommendation, and expense of the County Treasurer's recommendation of the	//-///////////////////////////////////
□ Approval of a Portion □ Denial □ Signature of County Treasurer For County Board of Equalization Use Only	//-///////////////////////////////////
Approval of a Portion  Denial  For County Board of Equalization Use Only  Approval  Approval of a Portion  Approval of a Portion	Date  n, an explanation is requ
Approval of a Portion  Denial  For County Board of Equalization Use Only  Approval  Approval of a Portion  Approval of a Portion  Denied  I declare that to the best of my knowledge and belief, the determination made	Date  n, an explanation is requ
Approval of a Portion  Denial  For County Board of Equalization Use Only  Approval  Approval of a Portion  Approval of a Portion	Date  n, an explanation is requ
Approval of a Portion    Denial   Signature of County Treasurer   Denial	Date  n, an explanation is requ

Name of Organization SALVATION ARMY Name of Owner of Property SALVATION ARMY Street or Other Mailing Address		• Head instruction	ons on reverse side.	it Organizatio	ons	457
Name of Owner of Property SALVATION ARMY			Tax Year			
SALVATION ARMY			2020			
			County Name		State Where I	ncorporated
Street or Other Mailing Address			DODGE		NE	
707 N I ST PO BOX 967			Contact Name STEPHEN HA	NSEN	Phone Numb	er
City	State	Zip Code	Emall Address			
FREMONT	NE	6802	5			
Type of Ownership			-			- ·
Agricultural and Horticultural Soci	ety 🔲 Educational Or	ganization 🔀	Religious Organization	Charitable	Organization	Cemetery Organization
Name	Title of Officers Directors, or Partr		Add	ess, City, State,	Zip Code	
PAUL GEILER E. BRADIFORD	PRESIDENT					
NESTOR-NUESCH STEVEN HOW	VICE PRESIDENT					
MEADLE HEATMOLE	SECRETARY					
HLLIP	MAX WELL I	escription of th	e Motor Vehicles			
Motor Vehicle Make	Model Year	tach an additiona Body Tyj	al sheet, if necessary	Vehicle ID Num	ber	Registration Date or Date of Acquisition,
				- The sale in the property		If Newly Purchased
FORD 2767	2013	VAN		1FBSS3BL4DDB0 2FMGK5B82EBD1		
FORD 2751	2014	SPORT		1HVLPHYM5HHA		SCHAPPED
INTL	<del></del>	BUS-		HVLECUIVEULIA	40110	30/4/1/01/
Motor Vehicle described above is used in	the following exempt category	v (please mark the a	pplicable boxes):		Are the motor	vehicles used exclusively
Agricultural and Horticultural Soci	processes .	X Religious	Charitable	Cemetery	as indicated?	
Give a detail description of the use of the					1/	<b></b>
					YES	□NO
ALL VEHICLES ARE USED TO	TRANSPORT PEOPL	E TO/FROM SA	LVATION ARMY E	VENTS		
					1 2"	centage of exempt use:
					<b>6</b> %	,
Under penalties of law	, I declare that I have examine	ed this exemption app	lication and, to the best o	my knowledge and	belief, it is correc	ot and complete.
<ul> <li>I also declare that I am du</li> </ul>	ly authorized to sign this exe	niption application.				12/2-10
sign		)	CORPS ()	PACEL		18/2011
nere Authorized Signature	700		Title		Date *	
	Fo	r County Treasur	er Recommendation			
	Comn	nents:				
7		1/	)	$\sim$		
☐ Approval of a Portion	,	// t	/ / \	<del></del>	1 1	7
☐ Denial			County Treasurer	Wate	rd f	11-14-16

Nebraska Department of Revenue 96-253-2006 Rev. 6-2019 Supersedes 96-253-2006 Rev. 7-2018

☐ Approval

□ Denied

Approval of a Portion

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Date

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

I declare that to the best of my knowledge and bellef, 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

For County Board of Equalization Use Only

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations
• Read Instructions on reverse side.

**FORM** 

Name of Organization			Tax Year			
THE PRESBYTERIAN CHURC	CH		2020		Dista Misses I	
Name of Owner of Property			County Name DODGE		State Where I	
Street or Other Mailing Address			Contact Nam	16	Phone Number 40272179	
520 W LINDEN AVE			MANUL HASS 402721790			704
City	State	Zip Code	4			
FREMONT	NE NE	68025	INFOGEN	essytenian fremo.	<u>ут, Onq</u>	
Type of Ownership Agricultural and Horticultural Society	Educational Organizati	on 🗵 R	eligious Organ	ization Charitable	Organization	Cemetery Organization
Name	Title of Officers, Directors, or Partners			Address, City, State,	Zip Code	
GARY FOURAKER	MODERATOR					
PAUL MARSH	VICE MODERATOR					
BILL SVOBODA	SESECRETARY/TREASURE					****
		ption of the n additional				Registration Date or
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Num	ber	Date of Acquisition, if Newly Purchased
FORD 2799	2005	VAN		1FBSS31L65HA8	2133	
HOMEMADE 5931	1997	TRAILER		NO VIN		
Motor Vehicle described above is used in the	following exempt category (plea	se mark the app	licable boxes):			ehicles used exclusively
Agricultural and Horticultural Society		Religious	☐ Char		as indicated?	
Give a detail description of the use of the mo	otor vehicle:		<del></del>		[ <b>∑</b> SES	□NO
					Le Co	□
TRANSPORT PEOPLE TO RELIGI	OUS EVENTS	CLING			If No. give perc	entage of exempt use:
STORE AND TRANSPORT ALUMI	NUM CANS FOR RECT	CLING			%	
					]"	•
Under capalities of law Life	eclare that I have examined this e	exemption applic	ation and, to th	e best of my knowledge and	belief, it is correc	t and complete.
<ul> <li>Laiso declare that I am duly a</li> </ul>	uthorized to sign this exemption	application.				
sign	Markall		1500	Malacet	97 IL	12-19
here Adthorized Signature	Horas vices	#	tie		Date	
	For Cou	nty Treasurer	Recommen	dation		
Approval	Comments:					
$\mathcal{F}$		. 0		_		
Approval of a Portion		-//		1) 0	0 0	,
☐ Denial		$P_{\alpha}$	0/1	La asta	A) #	11/11/-10
_		/ Jul		WWXXU	XA_	- 11-14 1 1 Page
		, ,	County Tyeasu			Date
		y Board of Ed				
☐ Approval	If the County B	oard's determina	ation is differer	nt from the County Treasurer	's recommendati	on, an explanation is required.
Approval of a Portion						
☐ Denied		l declare ti	nat to the best	of my knowledge and belief	the determination	on made by the County Board
		of Equalization	n is correct pur	suant to the laws of the Stat	e of Nebraska.	
	,	Signature of C	County Board I	Member		Date

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

		Read Instructions	s on reverse Tax Year	side.		
Name of Organization TRINITY EVANGELICAL LUTH	HERAN CHURCH		2020			
Name of Owner of Property			County Na		State Where I	ncorporated
TRINITY EVANGELICAL LUTH	HERAN CHURCH		DODGE		NE	
Street or Other Mailing Address 1546 N LUTHER RD			Contact Na	Hause	Phone Number	-721-5536
City	State NE	Zip Code 68025	Email Addr	alaual@tv	initu-fra	emmt am
FREMONT Type of Ownership	INL	00023	Lany	· yourse II	nugh	Milliany —
Agricultural and Horticultural Society	K Educational Organ	nization XR	eligious Orga	nization Charitable	Organization	Cemetery Organization
Name	Title of Officers, Directors, or Partner	s		Address, City, State,		
tom mueller	<u> </u>	2915	5 Hill	Indale Elkhir	UNE /	<u>68022</u> 8025
MICK SOLOUT	TRIMOLITUTE COLD. SICTUTE	1011 150	N Nye	ane Fillmunt Thaite Film		= 108025
Hiather Ramig		scription of the	Motor Ve		MILLY 141	
		ch an additional				
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Numl	per	Registration Date or Date of Acquisition, if Newly Purchased
CHEV 0562	2008	BUS		1GBHG31C88111		
WELLS FARGO 5X3698	1996	TRTAILER		1WC200D18T202		
CHEV 0541	2005	BUS DURANGO	1GNDV23L25 1D4HB48N56			
DODG 2780 H&H 5X1535	2008	TRAILER	<u>,                                     </u>	4J6TC12283B050		
Motor Vehicle described above is used in the f	I I		licable boxes		Are the motor	vehicles used exclusively
Agricultural and Horticultural Society	Educational	Religious	☐ Cha	aritable Cemetery	as indicated?	
Give a detail description of the use of the mo	tor vehicle:				YES	□NO
VEHICLES AND TRAILERS USED	FOR SCHOOL EVE	NTS SPORTING	EVENTS	AND TO HAUL	7	<u> </u>
EQUIPMENT					If No, give perd	centage of exempt use:
					/%	<b>6</b> .
Under penalties of law. I de	clare that I have examined	this exemption applic	ation and, to	the best of my knowledge and	belief, it is correc	ct and complete.
<ul> <li>I also declare that I am duly au</li> </ul>	ithorized to sign this exemp	otion application.			r 1	710
sign My plaw	U			ial admın		1-19
here Authorized Signature			itie		Date	
	For	County Treasurer	Recomme	endation		
Approval .	Comme	nts:				
Approval of a Portion		10		<i></i>		
		X	$\Lambda$	4	Λ / .	
☐ Denial		Y Mi	VI LI	MARIO	de	
		Signature of C	County Treas	urer		Date
	For Co	ounty Board of Ed	qualization	Use Only		
Approval	If the Cour	nty Board's determina	ation is differ	ent from the County Treasurer	s recommendati	on, an explanation is required.
Approval of a Portion						
☐ Denied					41. 1-1. 1 "	
		l declare ti of Equalization	hat to the bes n is correct p	st of my knowledge and belief, ursuant to the laws of the State	tne determination of Nebraska.	on made by the County Board
		-	·			
		Signature of C	County Board	Member		Date
		= :0:				

# **Application for Exemption**

County Treasurer	fr	om Motor Vehicle	Taxes by Qual  Read instruction	lifying Nonprot	fit Organizatio	ns	457
Name of Organization			- Head Mandellon	Tax Year			
FIRST UNITED M		CHURCH/BOY SC	OUT TROOP	2020		Otata Wilaam In	
Name of Owner of Property FIRST UNITED M		CHURCH/BOY SC	OUT TROOP	County Name DODGE		State Where In	corporated
Street or Other Mailing Add	fress			Contact Name		Phone Number	
815 N BROAD ST						40272108	17
City FREMONT		State NE	Zìp Code 68025	Email Address FREMONTFU	IMC@GPCOM.	NET	
Type of Ownership		F-1				) vera nimation	Cemetery Organization
Agricultural and Hort	licultural Society	Educational Organ	nization XR	eligious Organization	Charitable C	organization	Centetery Organization
Name		Directors, or Partner	rs	Add	Iress, City, State, 2	Ip Code	
YOGI MARTIN		CHAIRMAN/COMMANDE	R				
JAMES F PEDERSEN		QUARTER MASTER					
PAUL VOSS		SCOUT MASTER					
				Motor Vehicles sheet, if necessary	y <b>.</b>		
Motor Vehicle	Make	Model Year	Body Type		Vehicle ID Numb	er	Registration Date or Date of Acquisition,
		4004	ENGLOSED TO	OLD	2 WH 5X8		If Newly Purchased
FREUHAUF PLATE 5X4	874	1994	ENCLOSED TE		4 WH 6X15	<u>_</u>	
HOMEMADE		1995	ENGLOSED II	NLIN	4 7711 00010		
Motor Vehicle described abo	ve is used in the					Are the motor ve as indicated?	hicles used exclusively
Agricultural and Hor	ticultural Society	Educational	X Religious	Charitable	Cemetery		
TRAILERS ARE USE						%	ntage of exempt use:
sign lalso declared here Authorized	e that I am-duly a		otion application.	QuestuM	laste R		and complete.
		ror	County treasurer	Recommendation			
Approval		Comme	nts:				
Approval of a Por	tion						
☐ Denial			Signature of C	County Treasurer	rata	df	//-15-19 Date
		For Co	ounty Board of Ed	qualization Use Or	ıly		
Approval		If the Cour	nty Board's determina	ation is different from t	he County Treasurer's	recommendation	n, an explanation is required.
Approval of a Por	tion						
		<del> </del>					
☐ Denied			l declare the of Equalization	nat to the best of my ki n is correct pursuant to	nowledge and belief, to the laws of the State	he determination of Nebraska.	made by the County Board
			Signature of C	County Board Member			Date

# Application for Exemption

County freasurer	Trom Wotor venicle 1a	Read instruction			ations	457
Name of Organization		tena manuchon	Tax Year	diusi		
THREE RIVERS PUBLIC HE	EALTH DEPARTMENT		2020			
Name of Owner of Property			County Nar	ne	State Where	ncorporated
THREE RIVERS PUBLIC HI	EALTH DEPARTMENT		DODGE	•	NE	
Street or Other Mailing Address			Contact Na		Phone Numb	~ (~ '// )  1 ^ ^
2400 N LINCOLN AVE	•		TERRA	UHING	4027276	250 2129 V
City	State	Zip Code	Email Addre	iss C	1200La	000
FREMONT	NE	68025	14	MIL (Ce	<u>טיועיט י</u>	1019
Type of Ownership						
Agricultural and Horticultural Socie	ty Educational Organiza	ution	Religious Orga	nization Charit	able Organization	Cemetely Organization
Name	Title of Officers,			Address, City, St	ate, Zip Code	
Ivaine	Directors, or Partners			,,,,		
TERRA UHING	EXECUTIVE DIRECTOR					
RYAN PRESIDENT	BOARD PRESIDENT					
		ription of the an additional				
	•Attacn	an additional	sneer, ii ne	cessary.		Registration Date or
Motor Vehicle Make	Model Year	Body Type	,	Vehicle ID N	lumber	Date of Acquisition, If Newly Purchased
EODEOT OITY FOOT	2010	TRAILER		5NHUHA019A	M/056751	II Newly Furchased
FOREST CITY 5927 AMERICAN HAULER 5X5084	2010	TRAILER		5N6200G21B		
DODGE 44033	2014	GRAND CARA	VAN	2C4RDGBGXE		
DODOL 44000	2011					
Uncor penaltys of law, I also declare then am only here Authorized Signature	I declare that I have examined this y authorized to sign this exemptio	n application.	cation and, to	he best of my knowledge	and Delite, it is corper	<b>A</b>
	For Co	unty Treasurer	r Recomme	ndation		
		-				
☑ Approval	Comments	3;				
<u>(</u>		. /)				
Approval of a Portion	VII.,		^ //	//	1 1	
☐ Denial	·	Signature of	County Treas	Magt	adt	11-15-19 Date
	For Cour	ity Board of E	qualization	Use Only		
Approval	If the County	Board's determin	ation is differe	ent from the County Treas	urer's recommendat	ion, an explanation is required.
Approval	ii the County	Doglo's determin	ation is officie	in nom the county near	arer a recommendati	on, an explanation is required.
☐ Approval of a Portion						
☐ Denied		I declare t of Equalization	hat to the bes n is correct pu	t of my knowledge and b rsuant to the laws of the	elief, the determinati State of Nebraska.	on made by the County Board
		Signature of C	County Board	Member		Date

### **Application for Exemption FORM** File with Your from Motor Vehicle Taxes by Qualifying Nonprofit Organizations County Treasurer • Read Instructions on reverse side. Name of Organization Tax Year 2020 FREMONT FAMILY YMCA County Name State Where Incorporated Name of Owner of Property DODGE NE FREMONT FAMILY YMCA Phone Number Contact Name Street or Other Malling Address 4027216952 810 N LINCOLN AVE JERRY RINNE State Zip Code **Email Address** 68025 FREMONT NE Type of Ownership Cemelery Organization Religious Organization X Charitable Organization Agricultural and Horticultural Society Educational Organization Title of Officers. Address, City, State, Zip Code Name Directors, or Partners JERRY RINNE CEO/EXEC DIRECTOR 1737 Frederiksen, Fremont, Ne 68025 Mitch Sawyer cvo 3119 Deer Point Dr. Fremont NE 68925 TREASURER KENT SPEICHER **Description of the Motor Vehicles** Attach an additional sheet, if necessary. Registration Date or Date of Acquisition, If Newly Purchased Vehicle ID Number Model Year **Body Type** Motor Vehicle Make 1982 BUS 1GBG6P1B1CV123615 CHEVROLET PLATE 0578 2001 14 PASSENGER BUS 1GDHG31R811126725 GMC PLATE 0565 4U23CFAA21CH28819 THOMAS PLATE 057 2001 **BUS FL60** 2WH 7' FLATBED TRLR HOMEMADE PLATE 5938 1999 K1500 SILVERADO 1GCEK14T5VE351690 CHEVROLET PLATE 2768 2000 Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes): Are the motor vehicles used exclusively as Indicated? Educational Pellalous Charitable Cemetery Agricultural and Horticultural Society Give a detail description of the use of the motor vehicle: □NO The buses are used to take/pickup youth for our before & afterschool programs, summer fun club and our day camps at the Christensen FamilyYMCA Camp. We also use the buses to take youth, adults and active older adults on field trips throughout the year. The Cargo trailer is used to transport equipmet for our youth sports If No, give percentage of exempt use: programs and doubles as a storage area when we have to leave the equipment on site. The other trailer and pickup are used to move equipment for youth sports, camp and lawn mowers. We also use them to pick up supples and assist with snow removal. We use the truck to transport staff to pick up parts and 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. here Authoriz For County Treasurer Recommendation Comments: Approval of a Portion Denial Signature of County Treasure For County Board of Equalization Use Only

Approval of a Portion

Denied

I declare that to the best of my knowledge and bellef, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraske.

Signature of County Board Member

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

Authorized by Neb. Rev. Stat. §§ 77-202(1)(0) and (d), and 60-3,185, and 60-3,189

Dale

Approval

File with Your County Treasurer	fr		Tax	kes by Qual	lifying N	emption lonprofit Organization	ons	FORM <b>457</b>
Name of Organization			- 1	Read Instruction	s on revers Tax Year	e side.		
FREMONT FAMIL				1	2020		-1	
Name of Owner of Propert				, , , , , ,	County Na		State Where I	ncorporated
FREMONT FAMIL Street or Other Mailing Add				•	Contact N		Phone Number	ĐT
810 N LINCOLN						RINNE	40272169	∂52
City		State		Zip Code	Email Add	ress	<u> </u>	
FREMONT		NE		68025	<u></u>		st	
Type of Ownership Agricultural and Hor	Houltural Contatu	Educational Orga	arina	tion 🗀 R	eligious Org	anization X Charitable	Organization	Gemelery Organization
Name		Title of Officers, Directors, or Partne			4491242	Address, City, State,	<del></del>	,
JERRY RINNE		CEO/EXEC DIRECTOR						
Mitch Sawyer		CVO		1737 Fre	deriksen,	Fremont, Ne 68025		
KENT SPEICHER		TREASURER				Dr. Fremont NE 68925		
				lption of the an additional				
Motor Vehicle	Make	Model Year	4011	Body Type		Vehicle ID Num	per	Registration Date or Date of Acquisition, If Newly Purchased
SHORELANDR PLATE	939	2007		27' BOAT TRAI	LER	1MDBVD0107A36	2718	
INTERNATIONAL PLATE	<del></del>	2006		C3200 BUS		4DRBUAFM46B25		
CARGO EXPRESS PLA	TE 5X2757	1999	<del>~~</del>	2 WH 5X8 TRAILER 1WC200D18T20289		8908		
ļ		<del> </del>		<del> </del>	<del></del>			
-Motor Vehicle described abo	ove is used in the	following exempt category	(plea	ase mark the app	lleable boxe	s):	Are the motor	vehicles used exclusively
Agricultural and Hor			[	Religious	Xo	aritable Cemetery	as mananear	,
reamne at the Christen	take/pick up y sen Family YM	youth for our before & ICA Câmp, We also us ear. The Cargo trailer	se.th is us	e buses to tak sed to transpor	ce youth, a rt.eguipme	ner fun club and our day dults and active oldening the for our youth	YES If No, give per	NO centage of exempt use:
them to pick up suppli supplies and haul the	es and assist v trailers	vith snow removal. W	e us	e the truck to t	ransport s	wn mowers. We also use staff to pick up parts and		
Under po	enalties of law, I de	oclare that I have examined uthorized to sign this exem	this	exemption applic	ation and, to	the best of my knowledge and	bellef, it is correc	of and complete.
sign	a mat ram odly a	utitorizadi to bigir tilio axori	ipitoi	гарриация	CE	Z <b>o</b>	16.5	27.19
here Authorized	Ighalure			Ti	tle		Date	<u> </u>
	44	For	Cot	inty Treasurer	Recomm	endation		
		Comm	ents	:				
Approval of a Por	tlon			<del></del>		$ \lambda$	<del>, , , , , , , , , , , , , , , , , , , </del>	
Denial				Signature of C	County Treat	Barate	alf	12-4-19 Date
		For C	oun	ty Board of Ec	ualization	ı Use Only		
Approval	<u></u>	If the Cou	inty E	Board's determina	ation is diffe	ent from the County Treasurer	's recommendati	ion, an explanation is required.
Approval of a Por	tlon	<del></del>						
Denled		<del>,</del>		l declare ti ef Equalization	nat to the be a ls correct p	st of my knowledge and belief, ursuant to the laws of the Stat	the determination of Nebraska.	on made by the County Board

Date

Signature of County Board Member

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

	•1	Read instruction		e side.	-MV		
Name of Organization			Tax Year 2020				
FREMONT CHURCH OF THE	NAZARENE			mo	State Where	Incorporated	
Name of Owner of Property	- NIAZADENIC		County Nat		NE		
FREMONT CHURCH OF THE	INAZAKENE		Contact Na		Phone Numb	er	
Street or Other Mailing Address 960 N JOHNSON RD			DAN LAYMAN 402727				
City City	The Oadle			Email Address			
FREMONT	NE	68025					
Type of Ownership			<u> </u>				
Agricultural and Horticultural Society	Educational Organiza	ation 🔯 R	eligious Orga	anization Charitable	Organization	Cemetery Organization	
Name	Title of Officers, Directors, or Partners			Address, City, State,	Zip Code		
ERIN BUSSEN	DIRECTOR DAYCARE						
DAN LAYMAN	TRUSTEE						
ARLAN TREHEARN	TRUSTEE						
		ription of the an additional					
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Numi	oe <b>r</b>	Registration Date or Date of Acquisition, If Newly Purchased	
GMG-PLATE 2774	2001	-SPORT VAI	N.	-1GJHG39R31116		traded, n	
CHRVROLET PLATE 0564	2017 P	ASSENGER VA		1GAZGPFF2H123			
BUS 5-12	2012	FORD VAN	1	1FBNE3BL4CDA7	6838		
<ul> <li>I also declare that I am duly a</li> </ul>	eclare that I have examined this authorized to sign this exemptio	in application.	N 5.	i .	belief, it is corre	ct and complete. - 14-245	
here Authorized Signature			itle	notionana	Date	1.7-201	
IICIC - Additionzed digitature	<u> </u>						
		unty Treasurer	necomin	SISWALIVIE			
Approval	Comments	s:					
Approval of a Portion		<del>1</del> 1)		<u> </u>			
		11 /2	.1/	1/2 -1-	-00	10 111	
☐ Denial		Signature of	County Treas	LUGAU  surer	XX	12-4-19 Date	
	For Cour	nty Board of E	qualization	Use Only			
☐ Approval					's recommendat	tion, an explanation is required	
☐ Approval of a Portion							
☐ Denied		l declare t of Equalization	hat to the be n is correct p	st of my knowledge and belief, ursuant to the laws of the Stat	the determinate of Nebraska.	ion made by the County Board	
		Signature of 0	County Board	l Member		Date	

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

Oddity Hodouron		<ul> <li>Read instruction</li> </ul>	s on reverse	side.		
Name of Organization			Tax Year			
FREMONT AVENUE OF	FLAGS INC		2020			
Name of Owner of Property			County Nam	e	State Where	Incorporated
FREMONT AVENUE OF	FLAGS INC		DODGE		NE	
Street or Other Mailing Address			Contact Nan	18	Phone Numb	er
PO BOX 532			VERN G	IBSON	4026696	212
City	State	Zip Code	Email Addre	98		
FREMONT	NE	68025	VERN@	DUGANINC.COM		
Type of Ownership						
Agricultural and Horticultural So	ociety	ganization R	teligious Orgar	nization Charitable	Organization	Cemetery Organization
Name	Title of Officers Directors, or Partn	•		Address, City, State	, Zip Code	
VERN GIBSON	CHAIRMAN					
CHRISTOPHER S MADSEN	VICE CHAIRMAN					
JOHN RAMSAY	SECRETARY/TREASU	RER				
OSTITE TO MINO (1)		escription of the	Motor Vel	nicles		
		tach an additional				
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Nur	nber	Registration Date or Date of Acquisition, If Newly Purchased
DOOLITTLE PLATE 2757	2016	7X14 BULLIT TR	AILER	1DGC\$1420GM0	20816	
DOOLITTLE PLATE 2756	2016	7X14 BULLIT TR	AILER	1DGCS1420GMC	20815	
DOOLITTLE PLATE 2755	2016	7X14 BULLIT TR	AILER	1DGCS1420GM0	19612	
DOOLITTLE PLATE 2754	2016	7X14 BULLIT TR	AILER	1DGCS142XGM0	19611	
Under penalties of I also declare that I am	aw, I declare that I have examine duly authorized to sign this exe	ed this exemption applic mption application.	iation and, to ti	ne best of my knowledge an		ct and complete.
nere Authorized Signature	7	T	itle		Date	
	Fo	r County Treasurer	Recommen	ndation		•
Approval	Comn	nents:				
Approval of a Portion		1 1				
	-	// //	. 1	1/ 1	1 1	. /
☐ Denial		Signature of	County Treasu	Dugte	edt	12-4-19 Date
	For	County Board of E	qualization	Use Only	,	
☐ Approval	If the Go	ounty Board's determin	ation is differe	nt from the County Treasure	r's recommendal	llon, an explanation is required.
Approval of a Portion						
Denled		l declare t of Equalization	hat to the best n is correct pu	of my knowledge and belic rsuant to the laws of the Sta	f, the determinat te of Nebraska.	on made by the County Board
		Signature of C	County Board I	Member	<u> </u>	Date

**Application for Exemption FORM** File with Your from Motor Vehicle Taxes by Qualifying Nonprofit Organizations 457 County Treasurer · Read instructions on reverse side. Tax Year Name of Organization 2020 DODGE COUNTY HEAD START County Name State Where Incorporated Name of Owner of Property DODGE MIDLAND UNIVERSITY Phone Number Contact Name Street or Other Mailing Address 4027219022 STEPHANIE KNUST **PO BOX 244** Email Address State Zìp Code City SKNUST@DCHEADSTART.COM ΝE 68025 **FREMONT** Type of Ownership Cemetery Organization Educational Organization Religious Organization Charitable Organization Agricultural and Horticultural Society Title of Officers, Address, City, State, Zip Code Name Directors, or Partners Fremont NE 68025 DIRECTOR STEPHANIE KNUST **Description of the Motor Vehicles**  Attach an additional sheet, if necessary. Registration Date or Date of Acquisition, If Newly Purchased Vehicle ID Number Model Year **Body Type** Motor Vehicle Make 1GB6G3AF7A1132370 BUS 2010 MICRO BIRD PLATE 0537 AGBJG310231150585 BUS 2005 BLUE BIRD PLATE 0520 Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes): Are the motor vehicles used exclusively as indicated? Charitable Cemetery Educational Religious Agricultural and Horticultural Society Give a detail description of the use of the motor vehicle: [ NO FEDERALLY FUNDED, COMPREHENSIVE PRE-SCHOOL PROGRAM SERVING PRE-SCHOOL If No, give percentage of exempt use: CHILDREN AND FAMILIES IN DODGE COUNTY 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. that I am duly authorized to sign this exemption application. For County Treasurer Recommendation Comments: Approval Approval of a Portion □ Denial For County Board of Equalization Use Only

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

□ Approval of a Portion
 □ 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

□ Approval

## **Application for Exemption**

County Treasurer	from Motor Vehicle Ta	xes by Qua	lifying Nonprof	it Organizatio	ns	457
Name of Organization			Tax Year			1
MEMORIAL CEMETERY	ASSOCIATION INC		2020			
Name of Owner of Property	4.000 OLATION INC		County Name DODGE		State Where NE	Incorporated
MEMORIAL CEMETERY	ASSOCIATION INC		Contact Name		Phone Numb	nor
Street or Other Malling Address 800 W 23RD ST		Zip Code Email Address E 68025 Memorial cemeters Msn.c				
City	State	Zip Code	Email Address	INGALATES	7027211	116
FREMONT	NE NE	68025	Memoriale	Lemetergo	MSN. Con	n
Type of Ownership						Cemetery Organization
Agricultural and Horticultural Sc		ition ∐ H	eligious Organization	Charitable	Organization	Cemeiery Organization
Name	Title of Officers, Directors, or Partners					
STEVE HULL	PRESIDENT					
DAVID CHRISTENSEN	VICE PRESIDENT					-
	Desci	Intion of the	Wotor Vehicles			
			sheet, if necessary.			Registration Date or
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Numb	er	Date of Acquisition, If Newly Purchased
CHEV 2760	2002	CHASSIS/CA	\B	1GBJC34U62E288	3210	
Motor Vehicle described above is used	in the following every a cotogony (place	and mark the app	lioshlo hovos):		Are the motor	vehicles used exclusively
Agricultural and Horticultural Sc		Religious	Charitable	Cemetery	as indicated?	,
ALL CEMETERY WORK					If No, give pero	centage of exempt use:
W 11	w, I declare that I have examined this		nting and to the heat of		polici il le correc	N and complete
I also declare that Lam 4	w, I declare that I have examined this <del>July a</del> uthorized to sign this exemption	exemption applica- application.	ation and, to the best of	my knowledge and t	Jellet, it is correc	a and complete.
sign <	to 1 the	10	Fresi	Det	//-	-13-19
here Authorized Signature		Ti	tle		Date	<del></del>
	For Cou	ınty Treasurer	Recommendation			
Approval	Comments	•				
<u></u>						
Approval of a Portion	· III .	11		)	Δ 4	/
☐ Denial		Signature of C	County Treasurer	ergete	rdf	- 12-4-10 Date
	For Count	, , , , , , , , , , , , , , , , , , , ,	ualization Use Only	<i></i> /		
Approval					recommendati	on, an explanation is required
				•		
Approval of a Portion	<del></del>					
☐ Denied		I declare th of Equalization	at to the best of my kno is correct pursuant to t	owledge and belief, the laws of the State	he determination of Nebraska.	on made by the County Board
	Ì	Signature of Co	ounty Board Member			Date
	•					

### **Application for Exemption**

Name of Organization MIDLAND UNIVERSITY		• Read Instruction	s on reverse si	profit Organizatio	1115	457
MIDLAND LINIVERSITY			Tax Year			
MIDEVIAD CHARLIAGH			2020			
Name of Owner of Property			County Name DODGE		State Where I	ncorporated
Street or Other Malling Address			Contact Name	. 1	Phone Number	
900 N CLARKSON ST			Joseph	Harrisch	402	.94/-6143
City FREMONT	State NE	Zip Code 68025	Email Addless	sch Je Mid	landu	, edu
Type of Ownership  Agricultural and Horticultural Society	/ X Educational Orga	nization 🔲 R	eligious Organiz			Cemetery Organization
Name	Title of Officers, Directors, or Partne	rs		Address, City, State,	Zip Code	
JODY HORNER	PRESIDENT					
JODI BENJAMIN	VICE PRESIDENT					
DENISE PRATT	CONTROLLER					
		escription of the				
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Numb	oer	Registration Date or Date of Acquisition, If Newly Purchased
HOMEMADE TRAILER 5X1778	1993	2 WHEEL TRAI	ILER	344963		
DÔDG 0515	1999	WAGON VA	N	2B5WB35Z3XK532		
CHEV 0530	1998	CHAMPION B	us	1GBJG31J5W1028		
DODG 0536	1997	VAN		2B5WB35Z7VK592		
CHEV 0559	2002	STARCRAFT E		1GBJG31J7Y1263		vehicles used exclusively
Notor Vehicle described above is used in the Agricultural and Horticultural Society	·	(please mark the app	olicable boxes): Charita	ble Cemetery	as indicated?	GIIDIOS GADA GADIGOTVOTY
t also deolate that Lam Auly i	declare that I have examined authorized to sign this exem	ption application.	AUD . C	1 1/		
Under penalties of law, it is also deep the that I am duly it is also deep the that I	declare that I have examined authorized to sign this exem	ption application.	AUD . C			t and complete.
sign lalso deel are that I am duly a	authorized to sign this exem	ption application.	AVP + Ca	entrollur	12-	t and complete.
sign lalso deel are that I am duly a	authorized to sign this exem	ption application. Ti  County Treasurer	AVP + Ca	entrollur	12-	t and complete.
here Authorized Signature  Approval	authorized to sign this exem	ption application. Ti  County Treasurer	AVP + Ca	entrollur	12-	t and complete.
here Authorized Signature	authorized to sign this exem	County Treasurer	AVP + Control	entroller ation	12-	t and complete.
here Authorized Signature  Approval Approval of a Portion	For	County Treasurer	AVP + Co	entroller ation	12-	t and complete. 5-19 12 -1e-16
Authorized Signature  Authorized Signature  Approval  Approval of a Portion  Denial	For C	County Treasurer ents:  Signature of County Board of Ecounty Board of Ecou	AVP + Country treasurer	entrollar  Augusta	12-: Date	t and complete. 5-19 12 -1e-16
here Authorized Signature  Approval Approval of a Portion	For C	County Treasurer ents:  Signature of County Board of Ecounty Board of Ecou	AVP + Country treasurer	entrollar  Augusta	12-: Date	t and complete.  5-19  Date
Authorized Signature  Authorized Signature  Authorized Signature  Approval  Approval of a Portion  Approval  Approval  Approval of a Portion	For C	County Treasurer ents:  Signature of County Board of Ecounty Board of Ecou	AVP + Country treasurer	entrollar  Augusta	12-: Date	t and complete.  5-19  Date
Authorized Signature  Authorized Signature  Approval  Approval of a Portion  Denial  Approval	For C	County Treasurer ents:  Signature of County Board of Ecunty Board's determina	AVP + Contitle Recommend County freasurer qualization Us atlon is different to	ation  Augusta  Se Only  Irom the County Treasurer's	Date  Date  The determination	t and complete.  5-19  Date

**Application for Exemption** 

County Treasurer	fre	om Motor Vehicle Ta	xes by Qual Read instruction	lifying No	onprofit Organizatio	ons	457
Name of Organization				Tax Year			
MIDLAND UNIVERS	SITY			2020			
Name of Owner of Property				County Nan		1	Incorporated
				DODGE		NE	
Street or Other Mailing Addre	SS			Contact Na	me	Phone Numb	
900 N CLARKSON	ST			20000	Warnisch	402 -	941-6143
City		State	Zip Code	truncall A clatus		1.1	1
FREMONT		NE	68025	Harri	sch Je Milla	ad a.e.	du
Type of Ownership					_		
Agricultural and Hortic	ultural Society	★ Educational Organiza	tion B	eligious Orga	nization Charitable	Organization	Cemetery Organization
Name		Title of Officers, Directors, or Partners			Address, City, State,	Zíp Code	
JODY HORNER		PRESIDENT					
JODI BENJAMIN		VICE PRESIDENT					
DENISE PRATT		CONTROLLER					
			iption of the			Service Services	ي ي
		T Allacii	an additional	Silect, it lie	ocaau y		Registration Date or
Motor Vehicle M	ake	Model Year	Body Type	- Contractions	Vehicle ID Numi	ber	Date of Acquisition, if Newly Purchased
FODD 0370		1984	PICKUP	1	1FTEF25G5EPA6	4152	A STORY I DIGINOUS
FORD 2770		<del> </del>	GRAND MARC	une l	2MEFM74W1XX60		
MERC 2771		1999 2004	FORD EXCURS		1FMNU45S94ED4		
FORD 2772 FORD 0560		2010	ECONOLINE E		1FDFE4FS3ADA7		
		2017	MALIBU	-	1G1ZB5ST1HF11	.,	
CHEV 2788 Motor Vehicle described above	ic used in the t			licable boxes			vehicles used exclusively
Agricultural and Hortic		Educational	Religious	Cha	_	as indicated?	
sign lalso declare t	hat I am duly au 	clare that I have examined this thorized to eign this exemption	. analication		he best of my knowledge and		ct and complete.
here Authorized Sl	gnature			itie		Date	
		For Co	unty Treasurer	Recomme	ndation		
☑ Approval		Comments	:				
/		00					
Approval of a Portion	on		-A0		$\overline{}$		
☐ Denial			Signature of	County Treasu	Burgeta	ds	12-le-19
		For Coun	ty Board of Ec	qualization	Use Only		
Approval		If the County I	Board's determina	ation is differe	nt from the County Treasurer	s recommendat	ion, an explanation is required
	nn.						
Approval of a Portion	<i>7</i> 11						
☐ Denied			I declare the of Equalization	nat to the bes	t of my knowledge and belief, rsuant to the laws of the State	the determinati e of Nebraska.	on made by the County Board
			Signature of C	County Board	Member		Date



Application for Exemption

r Vehicle Taxes by Qualifying Nonprofit Organizations

County Ireasurer	HOIH MOTOL ACHICLE	• Read instruction				40/
Vame of Organization		Tiona monacion	Tax Year	***		
MIDLAND UNIVERSITY			2020			
lame of Owner of Property			County Name State Where It DODGE NE			Incorporated
Street or Other Mailing Address			Contact Name	1 1	Phone Numb	
900 N CLARKSON ST			Joseph	Harnisch	402-	941-6143
City	State	Zip Code	Email Address			. 1
FREMONT	NENE	68025	Harri	sch JP Mld	lund El	<u>edu</u>
ype of Ownership		🗆		or and a second and a	Overalentian	Cemetery Organizat
Agricultural and Horticultural Soc			Religious Organiz	ationCharitable	Organization	Centerery Organizati
Name	Title of Officers, Directors, or Partn	· I		Address, City, State,	Zip Code	
ODY HORNER	PRESIDENT	0.0				
ODI BENJAMIN	VICE PRESIDENT					
ENISE PRATT	CONTROLLER					
LINOLITAVI		escription of the	Motor Vehic	cles		
		tach an additional				
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Numi	ber	Registration Date or Date of Acquisition, if Newly Purchased
HEV 2782	2017	CRUZE		1G1BE5SM1H711		
HEV 5965	2017	CRUZE		1G1BF5SM0H7110		
HEV 5964	2017	CRUZE	ODT -	1G1BE5SM4H711 ZACCJBAB8JPJ5		1
EEP 2798	2018	RENEGADE SF		1HGFA165X8L110		
	2008	CIVIC U.S. L		THURATOOKOLTT		vehicles used exclusively
otor Vehicle described above is used in Agricultural and Horticultural Society ive a detail description of the use of the	ciety   Educational	Religious	Charite	ble Cemetery	as indicated?	NO No centage of exempt use:
otor Vehicle described above is used in a gricultural and Horticultural Social Agricultural and Horticultural Social Agricultural and Horticultural Social Agricultural Agricu	ciety   Educational	Religious  d this exemption applic	☐ Charite	best of my knowledge and	as indicated?  YES  If No, give percent of the correct of the corr	centage of exempt use:
otor Vehicle described above is used in Agricultural and Horticultural Sociative a detail description of the use of the ENERAL OPERATION OF The Under penalties of later is also declare that I am design	ciety \( \overline{\overline}\) Educational ne motor vehicle: HE COLLEGE	Religious  d this exemption applic potion application.	□ Charite		as indicated?  YES  If No, give percent years or the second years or the years of years or the second years or the second years or the second years or the second years or the years of years or ye	centage of exempt use:
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Door Vehicle described above is used in a gricultural and Horticultural Sociative a detail description of the use of the ENERAL OPERATION OF The Sign    Under penalities of later that I am of a later and a sign   Approval     Approval     Approval     Denial	Educational ne motor vehicle: HE COLLEGE  w, I declare that I have examine tuly authorized to sign this exer  Comm	d this exemption application. Ti r County Treasurer ents: Signature of County Board of Ecounty	Charite Charite cation and, to the cation and, to the cation and t	best of my knowledge and  when the control of the c	as indicated?  YES  If No, give percent of the correct of the corr	centage of exempt use:
otor Vehicle described above is used in Agricultural and Horticultural Sociative a detail description of the use of the ENERAL OPERATION OF The Under penalties of law is also declare that it amount also declare that it also declare that it amount also declare that it a	Educational ne motor vehicle: HE COLLEGE  w, I declare that I have examine tuly authorized to sign this exer  Comm	d this exemption application. Ti r County Treasurer ents: Signature of County Board of Ecounty	Charite Charite cation and, to the cation and, to the cation and t	best of my knowledge and  when the control of the c	as indicated?  YES  If No, give percent of the correct of the corr	centage of exempt use:
otor Vehicle described above is used in Agricultural and Horticultural Sociaive a detail description of the use of the ENERAL OPERATION OF The Sign      Under penalities of later	Educational ne motor vehicle: HE COLLEGE  w, I declare that I have examine tuly authorized to sign this exer  Comm	d this exemption application. Ti r County Treasurer ents: Signature of County Board of Ecounty	Charite Charite cation and, to the cation and, to the cation and t	best of my knowledge and  when the control of the c	as indicated?  YES  If No, give percent of the correct of the corr	centage of exempt use:
Under penalties of lates and each series of the use of	Educational ne motor vehicle: HE COLLEGE  w, I declare that I have examine tuly authorized to sign this exer  Comm	d this exemption application.  Tripotion application.	cation and, to the area of the itte county Treasurer qualization Us atlon is different for the best of	best of my knowledge and  when the County Treasurer's	as indicated?  YES  If No, give percent of the correct of the control of the correct of the corr	centage of exempt use:
Olor Vehicle described above is used in Agricultural and Horticultural Social Agricultural and Horticultural Social Agricultural and Horticultural Social Agricultural and Horticultural Social Approval	Educational ne motor vehicle: HE COLLEGE  w, I declare that I have examine tuly authorized to sign this exer  Comm	d this exemption application.  Tripotion application.	Charita  Charita  Charita  Californian and, to the  Auf the County Treasurer  qualization Us  atlon is different for the correct pursue  that to the best of the correct pursue	best of my knowledge and  ation  ation  The County Treasurer's my knowledge and belief, and to the laws of the State	as indicated?  YES  If No, give percent of the correct of the control of the correct of the corr	centage of exempt use:

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

4	5	7
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	• R	ead instructions		ide.		
Name of Organization			Tax Year 2020			
MIDLAND UNIVERSITY  Name of Owner of Property			County Name	<u> </u>	State Where	Incorporated
Name of Owner of Froperty			DODGE		NE	
Street or Other Mailing Address			Contact Nam	6	Phone Numb	er r/a a a a a
900 N CLARKSON ST			Joseph	Harrisch	452	490 402-941-6
City	State	Zip Code	Email Addres		0.1	1
FREMONT	NE NE	68025	Harni	schJ@ Midle	uncl U. E	du
Type of Ownership	y X Educational Organizati	an 🗆 🗖 Đa	ligious Organi	ration [ Charitable	Organization	Cemetery Organization
Agricultural and Horticultural Society		on Live	ilgious Organi	ZAIOHCISANIAOIC	Organization	
Name	Title of Officers, Directors, or Partners			Address, City, State,	Zip Code	
JODY HORNER	PRESIDENT					
JODI BENJAMIN	VICE PRESIDENT	,,,,				
DENISE PRATT	CONTROLLER	ption of the	Motor Voh	ioloe		
		n additional s				:
	N- 4-1V	D. d. T.		Vehicle ID Num	har	Registration Date or Date of Acquisition,
Motor Vehicle Make	Model Year	Body Type		Venture 1D Num	ne:	if Newly Purchased
CHEV 2774	1998	BLAZER		1GNDT13W4W222		
CHEV 2775	2004	SILVERADO		1GCHK24294E37		
FORD 2776	1997	EXPEDITION BUS		1FMFU18LXVLA4 1FVACWDT4BDA		
FRHT 0580 FORD 0522	2012	VAN		1FDXE4FSXCDA1		
Motor Vehicle described above is used in the			cable boxes):	(, , , , , , , , , , , , , , , , , , ,	Are the motor	vehicles used exclusively
Agricultural and Horticultural Society		Religious	Charit	able Cemetery	as indicated?	
					%	
Under penalties of law, I also declare that I am duly here  Authorized Signature	declare that I have examined this e authorized to sign this exemption	application.		best of my knowledge and		ot and complete.
	For Cour	nty Treasurer I	Recommend	dation		
<b>\</b>						
Approval	Comments:					
Approval of a Portlon		1 1		<del></del>		
☐ Denial			1/06	21. 1-	$\Omega A$ .	16 ( 1/
L. Delika		YYbel	$\mathbb{Z}_{M}$	MARIA	VI	12-6-19
		Signature of Co	ounty Treasure	91		Date
	For County	/ Board of Equ	ualization U	se Only		<u>,</u>
Approval	If the County Bo	ard's determinat	lon is different	from the County Treasurer	s recommendati	on, an explanation is required.
Approval of a Portion						
☐ Denied				f my knowledge and belief, uant to the laws of the State		on made by the County Board
	•	Signature of Co	unty Board M	ember		Date
					ç	

**Application for Exemption**from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM** 

County Housaici	•	Read Instructions	s on reverse s	side.		70,
Name of Organization			Tax Year			
MIDLAND UNIVERSITY			2020			
Name of Owner of Property			County Name	9	State Where	ncorporated
		1	DODGE		NE	
Street or Other Mailing Address			Contact Nam	ę , ,	Phone Numb	ər
900 N CLARKSON ST			)ac ad	Harrisch	402-	941-6143
City	State	Zip Code	Email Addres		01 1	. 1
FREMONT	NE	68025	Hann	Sach-la Mi	Aland CA	edu
Type of Ownership			1 62171	1301 O C T TO	WILL CO	7
Agricultural and Horticultural Soc	ciety X Educational Organiza	ation Re	eligious Organi	ization Charitable	Organization	Cemetery Organization
Name	Title of Officers,			Address, City, State,	Zip Code	
	Directors, or Partners					
JODY HORNER	PRESIDENT					
JODI BENJAMIN	VICE PRESIDENT					
DENISE PRATT	CONTROLLER					
		ription of the an additional s				
		***************************************				Registration Date or Date of Acquisition,
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Num	Der	if Newly Purchased
CHEV 2779	2013	MALIBU		1G11D5SR2DF34	2014	
CARR 2745	2016	TRAILER 2 WH	EEL	4YMBU1019GM02	20839	
GOSH 0570	2017	BUS		1FDFE4FS2HDC5	7169	******
CHEV 5959	2018	MALIBU		1G1ZB5STXJF21	6922	
CHEV 5960	2018	MALIBU		1G1ZB5STXJF20	5595	
Motor Vehicle described above is used i			licable boxes):			vehicles used exclusively
Agricultural and Horticultural So- Give a detail description of the use of the		Religious	t1		<b>┤</b>	
					YES	□ио
GENERAL OPERATION OF TH	HE COLLEGE					
					If No, give per	entage of exempt use:
					%	j
Under negations of la	w, I declare that I have examined this	exemption applica	ation and, to the	e best of my knowledge and	belief, it is correc	t and complete.
l also declare that I am d	duly authorized to sign this exemption	n application.				
sign	11/2 1/	/	4UP +/	antroller	12-1	5-19
here Authorized Signature	2 March	Tit		<i></i>	Date	
110.0	For Co	unty Treasurer	Recommen	dation		
. ^						
Approval	Comments	S:				
Approval of a Portion		AO				
Mphiorai of a Foltion		// //	1/1/		00	. /
Denial		M0' $I$	N/16	Sunda		13/1/14
		Jul		Wasen		<i> &amp;^{(p^*)} </i>
		Signature of C				Date
	For Cour	nty Board of Eq	ualization U	ise Only		
Approval	If the County	Board's determina	tion is differen	t from the County Treasurer	's recommendatl	on, an explanation is require
_						
☐ Approval of a Portion						
☐ Denied	,	1 3	nā an sinn tri i i i	of mustinguidades and half-s	the determinest	on made by the County Book
		I declare the of Equalization	at to the best o	of my knowledge and beliet suant to the laws of the Stat	, me ueternanaut e of Nebraska.	on made by the County Boar
		or mydamicanori				
		Signature of Co	ounty Board M	lember		Date

Application for Exemption

r Vehicle Taxes by Qualifying Nonprofit Organizations

Name of Organization MIDLAND UNIVERSITY			s on reverse sid	e.		407
MIDLAND UNIVERSITY			Tax Year			
			2020			
Name of Owner of Property			County Name DODGE		State Where	Incorporated
Street or Other Mailing Address			Contact Name	. 1 . 1	Phone Numb	
900 N CLARKSON ST			Joseph	Warrisch	402-	941-6143
City	State	Zip Code	Email Address	13 11.1	1 1 1	
FREMONT	NE	68025	Harnla	hJe Mid	and il.	edu
Type of Ownership Agricultural and Horticultural Soc	ciety 🔀 Educational Organiza	ation Re	eligious Organiza	ation Charitable	Organization	Cemetery Organization
Name	Title of Officers, Directors, or Partners			Address, City, State,	Zip Code	
JODY HORNER	PRESIDENT					
JODI BENJAMIN	VICE PRESIDENT					
DENISE PRATT	CONTROLLER					
		ription of the an additional s				
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Num	ber	Registration Date or Date of Acquisition, If Newly Purchased
CHEV 2743	2018	MALIBU		1G1ZD5ST0JF20		
Chev 2769	1969	pickup		ce439p80752	2	
BENERAL OPERATION OF TH	HE COLLEGE				If No, give perd	centage of exempt use:
sign lalso declare that I am d	w, I declare that I have examined this luly authorized to sign this exemption	n application.	AUP+C	,/		ot and complete.
<ul> <li>I also declare that I am d</li> </ul>	duly authorized to sign this exemption	n application.	AUP+C	entrolle_		
here Authorized Signature	fully authorized to sign this exemption	n application. Tit unty Treasurer	AUP+C	entrolle_		
sign lalso declare that I am d	duly authorized to sign this exemption	n application. Tit unty Treasurer	AUP+C	entrolle_		
sign here Authorized Signature	fully authorized to sign this exemption	n application.  Tit  unty Treasurer	AUP+C	entrolle_		
here Anthorized Signature	fully authorized to sign this exemption	n application.  Tit  unity Treasurer  s:	AUP+C	entrolle_		
here Authorized Signature  Approval  Approval of a Portion	For Con	n application.  Tit  unity Treasurer  s:	AUP + Control of the	entroller ation		5-19 12-le-14
here Authorized Signature  Approval  Approval of a Portion	For Coun	n application.  Tit  unty Treasurer  S:  Signature of Cuty Board of Equations.	AUP + Collection Recommendation III	entroller  Matta	Date	5-19 
Approval  Approval  Denial	For Coun	n application.  Tit  unty Treasurer  S:  Signature of Cuty Board of Equations.	AUP + Collection Recommendation III	entroller  Matta	Date	5-19 
Approval   Approval	For Coun	n application.  Tit  unty Treasurer  S:  Signature of Cuty Board of Equations.	AUP + Collection Recommendation III	entroller  Matta	Date	5-19 
Approval  Approval  Approval  Approval  Approval  Approval  Approval	For Coun	Signature of Caty Board's determina	Recommends  County Treasurer  Lualization Us  tion is different for	e Only  On the County Treasurer	Date  Date	5-19 12-le-19

							•
File with Your	fr		ication f	alifying N	Jonprofit Organiza	tions	FORM <b>457</b>
County Treasurer		OIII MOLO: TOTAL	• Read instruction	ons on rever	se side.		701
Name of Organization	1			Tax Year			
FIRST LUTHERA	N CHURCH			2020		1001110	- harmanatad
Name of Owner of Proper	-		•	County N			e Incorporated
FIRST LUTHERA	N CHURCH			DODG		NE NE	1
Street or Other Mailing Ad				Contact N		Phone Num 4027212	
3200 E MILITAR	Y AVE				Y GROSSE	4021212	4909
City		State	Zip Code	Email Add		UT OPC	
FREMONT		NE .	6802	5 CONT	ACT@FLCFREMO	41.010	
Type of Ownership				l n	understan ' Micharitat	ole Organization	Cemetery Organiza
Agricultural and Ho	rticuitural Society	Educational Org	anization X	Religious Or	ganizationChariat	No Otganization	Combiety Organiza
Name		Title of Officers,			Address, City, Stat	te, Zip Code	
. Name		Directors, or Partn	ers				•
DAVEKURBY Lon C	1500	PRESIDENT	<u> </u>	·			
HON OLSON NICK	Vrba_	VICE PRESIDENT		······		<u> </u>	· · · · · · · · · · · · · · · · · · ·
KENISPEICHER Bra	d Dahl	TREASURER					<u> </u>
			escription of th				
		•At	tach an additions	ai sneer, it i	lecessary	· · · · · · · · · · · · · · · · · · ·	Registration Date or
Motor Vehicle	Make	Model Year	Body Ty	ре	Vehicle ID No	ımber	Date of Acquisition,
			BUD		1BAHC7A5SKE		Sold Oct 2
BLUE BIRD PLATE 052		1989	BUS.	u ED	1S9EP121SW3		30.00 00, 2
S&W PLATE 5X207		1995	4 WH TRAI BUS	ILER	1EFE4FS6CD/		
SUPREME PLATE 052	4	2012	4 WH TRA	II EB	533TC1624CC		Sold Sept 2
H&H PLATE 5X5304							11-23-19
VAA 5 ~ 5 Motor Vehicle described ab	, (	2018	(Inlease mark the	nnlicable box	es):	Are the moto	r vehicles used exclusively
Agricultural and Ho		Educational	Religious	Пс	naritable Cemeter	y as indicated?	ř
			[X] . rangita a				
Give a detail description o	rane use or the int	OKOL ACIKOIG!				YES	□ио
CHURCH EVENTS A	ND TRIPS						
				,•		If No, give pe	ercentage of exempt use:
							.%
					Ŷ.		
							,
Underp	enalties of law, I de	eclare that I have examine	d this exemption app	lication and, t	o the best of my knowledge a	nd belief, it is corr	ect and complete.
u l aiso decia	re that I am duly a	uthorized to sign this exer	nption application.	10	i a	11	1. 1.
sign	leavely	Losy		Ada.	ninistrator		4 Ce. 16.93
nere Authorized	Signature			Title		Date	
		Fo	r County Treasur	er Recomm	endation		
Approval		Comm	ents:				
X Vabbionar							•
Approval of a Po	rtion						`;
Denial				/	$\gamma$	<b>^</b>	۱۰ معمد در سان
			CATO	ith	+main N	Leputy	12-11-19
			Signature o	of County Trea	gurer	' (/	Date
		For C	County Board of	Equalizatio	n Use Only		
[ Approval						rer's recommende	ation, an explanation is requi

Approval of a Portion

Denled

Date

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