

Application for Exemption

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

28 . 457

File with Your
County Treasurer

Name of Organization FREMONT HOUSING AUTHORITY			Tax Year 2020
Name of Owner of Property FREMONT HOUSING AUTHORITY			County Name DODGE
Street or Other Mailing Address 2510 N CLARKSON ST			State Where Incorporated NE
City FREMONT		State NE	Phone Number 4027274848
Zip Code 68025		Contact Name RITA GRIGG	
Email Address fhauthority@fremonthousing.org			

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
RITA GRIGG	EXECUTIVE DIRECTOR	
STAN DARLING	CHAIRMAN OF BRD COMM	
FRANK KMENT	VICE CHAIR OF BRD OF CC	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHRYSLER PLATE 2766	2015	TOURING MINI VAN	2C4RC1BG4FR589535	
CHEVROLET PLATE 2765	2003	SILVERADO K2500 HD	1GCHK24U33E251009	
FORD Plate 5952	2019	Ford F250	1FTBF2068KEG5220	

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 used exclusively as indicated?

YES NO

Give a detail description of the use of the motor vehicle:

VEHICLES ARE USED FOR FREMONT HOUSING AUTHORITY BUSINESS (IE TRAINING DAILY BUSINESS AND OPERATION, PROGRAM MANAGEMENT ETC

If No, give percentage of exempt use:

_____%

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here

Authorized Signature

Rita Grigg

Executive Director

Title

Date

11-6-19

For County Treasurer Recommendation

- Approval
- Approval of a Portion
- Denial

Comments: _____

Gail Bergstadt

Signature of County Treasurer

Date

11-13-19

For County Board of Equalization Use Only

- Approval
- Approval of a Portion
- Denied

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 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization CARE CORPS, INC		Tax Year 2020	
Name of Owner of Property CARE CORPS, INC		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 723 N BROAD ST		Contact Name TERA KUCERA	Phone Number 4027213125
City FREMONT	State NE	Zip Code 68025	Email Address lifehouse@care-corps.org TERA.KUCERA@CARE-CORPS.ORG

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
RORY BOWEN <i>Jeff Glosser</i>	CHAIRMAN	
JEFF GLOSSER <i>Marty Krohn</i>	VICE CHAIRMAN	
CHERYL PESTER	TREASURER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
FORD PLATE 2787	1996	VAN	1FDKE30H6THA16237	
H&H PLATE 5947	2011	TRAILER	533TC1627BC207860	

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 used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 _____ %

Give a detail description of the use of the motor vehicle:
VEHICLE USED IN PICKING UP, DISTRIBUTING, AND DELIVERING ITEMS FOR LOW INCOME 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. I also declare that I am duly authorized to sign this exemption application.

sign here *Maria Luena* _____ *CEO* _____ *11/6/19* _____
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

Eric Bergstedt _____ *11-13-19* _____
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

* Read instructions on reverse side.

FORM
457

Name of Organization FIRST BAPTIST CHURCH		Tax Year 2020	
Name of Owner of Property 505 N C ST		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address		Contact Name RICHARD CROOKS	Phone Number 4027211265
City FREMONT	State NE	Zip Code 68025	Email Address office @ Fremont-fbc.org

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
RANDY RAND CASH	TREASURER	919 N. D Fremont NE 68025
RICHARD CROOKS	PASTOR	330 E. 5th Fremont NE 68025
DON CHARLESTON	CHAIR	17 Ginger Woods Circle, Valley NE 68064

Description of the Motor Vehicles <small>* Attach an additional sheet, if necessary.</small>				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
DODGE PLATE 0525	1997	RAM VAN	2B5WB35Z1VK668351	5-14-19
AMERICAN TRANSP T PLATE 0553	2002	BUS	4DRBRABM02B946929	4-10-19
BLUE BIRD PLATE 0518	2005	BUS	1FDXE45P04HA86409	6-12-19

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 detailed description of the use of the motor vehicle:

TRANSPORTING FOR CHURCH PROGRAMMING (SUNDAY SCHOOL, WEDNESDAY NIGHT EVENTS AND TO OTHER CHURCH RELATED EVENTS)

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 _____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete.
 I also declare that I am duly authorized to sign this exemption application.

sign here *Don Charleston* Title **Co-CHAIR - TREASURER** Date **11-12-19**

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

Phil Bergstedt 11/13/19
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization FIRST LUTHERAN CHURCH		Tax Year 2020
Name of Owner of Property FIRST LUTHERAN CHURCH		County Name DODGE
Street or Other Mailing Address 3200 E MILITARY AVE		State Where Incorporated NE
City FREMONT	State NE	Phone Number 4027212959
Zip Code 68025	Contact Name WENDY GROSSE	
Email Address CONTACT@FLCFREMONT.ORG		

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
DAVE KIRBY <i>Lon Olson</i>	PRESIDENT	
LON OLSON <i>Nick Verba</i>	VICE PRESIDENT	
KENT SPEICHER <i>Brad Dahl</i>	TREASURER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
BLUE BIRD PLATE 052	1989	BUS	1BAHC7A5SKE032342	<i>Sold Oct 2019</i>
S&W PLATE 5X207	1995	4 WH TRAILER	1S9EP121SW334009	
SUPREME PLATE 0524	2012	BUS	1EFE4FS6CDA82787	
H&H PLATE 5X5304	2012	4 WH TRAILER	533TC1624CC211978	<i>Sold Sept 2019</i>

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 used exclusively as indicated?

YES NO

If No, give percentage of exempt use: _____ %

Give a detail description of the use of the motor vehicle:

CHURCH EVENTS AND TRIPS

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here *Melody Shorn* Administrator 11/6/19
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

Chris Bergstad 11-13-19
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM
457

Name of Organization FIRST UNITED METHODIST CHURCH		Tax Year 2020	
Name of Owner of Property FIRST UNITED METHODIST CHURCH		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 815 N BROAD ST		Contact Name TAMMY EHRICH	Phone Number 4027210817
City FREMONT	State NE	Zip Code 68025	Email Address FREMONTFUMC@GPCOM.NET

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
TAMMY EHRICH	DIRECTOR	
BILL GEPFORD	REVERAND	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
STARCRAFT ALLSTOR PLATE 058	2013	MULTI-PASSENGER BUS	1FDEE3FSSDDB19402	

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 used exclusively as indicated?

YES NO

If No, give percentage of exempt use: _____ %

Give a detail description of the use of the motor vehicle:

TRANSPORT MEMBERS TO AND FROM CHURCH ON SUNDAYS AND OTHER SERVICES

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ Paula Schneider Office mgr 11-6-19
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Approval of a Portion

Denial

▶ Bill Bangstad 11-13-19
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

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM
457

Name of Organization FREMONT ALLIANCE CHURCH			Tax Year 2020
Name of Owner of Property FREMONT ALLIANCE CHURCH		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 1615 N LINCOLN AVE		Contact Name TOM NEVIUS	Phone Number 4027215180
City FREMONT	State NE	Zip Code 68025	Email Address OFFICE@FREMONTALLIANCE.ORG
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input type="checkbox"/> Educational Organization <input checked="" type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization			

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
TOM NEVIUS	PASTER	
SCOTTUEHLING <i>Mark Rosta K</i>	FINANCIAL SECRETARY <i>Assistant Treasurer</i>	
MARK BOHLMANN	GERERAL TREASURER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
FORD PLATE 0575	2007	VAN	1FBSS31LX7DB25768	

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 used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

Give a detail description of the use of the motor vehicle:
TRANSPORT PARISHIONERS AND CONGREGATION VISITATIONS

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here *Mark Bohlmann* Treasurer 11/9/19
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

Gail Bergstedt 11-14-19
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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

Please retain a copy for your records.

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County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization FREMONT AREA HABITAT FOR HUMANITY		Tax Year 2020	
Name of Owner of Property <i>Fremont Area Habitat for Humanity</i>		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 701 E DODGE ST		Contact Name JOY MCKAY	Phone Number 4027218771
City FREMONT	State NE	Zip Code 68025	Email Address

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
LISA KRAMME <i>Jane Martin Hoffman</i>	PRESIDENT <i>VICE</i>	
AMANDA OSTDICK	VICE PRESIDENT ←	
AMY GONE <i>Alma Rosales</i>	SECRETARY	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
FORD PLATE 5958	1999	CUTAWAY VAN	1FDNE2726XHA96850	
CARRY ON PLATE 2792	2014	DUMP TRAILER	4YMDU1226EM020924	
FORD PLATE 2800	2001	CUBE VAN E350	1FDSE35L81HA74196	
FORD PLATE 2786	1999	F150 XL TRITON	1FTRF18L7XKB11220	
FORD PLATE 2761	2004	CARGO VAN	1FDWE35S44HA91493	

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 used exclusively as indicated? YES NO

If No, give percentage of exempt use: _____ %

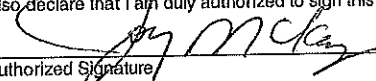
Give a detail description of the use of the motor vehicle:

GETTING TO BLDG SITES, PICKING UP AND HAULING MATERIALS PICK UP DONATED ITEMS

DUMP TRAILER TO DUMP ITEMS FORM HOME STORE AND FROM CLEAN UP ON CONSTRUCIOTN SITES

see attached P. 2

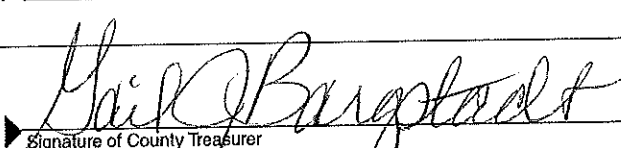
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  Executive Director 11-12-19
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

 11-14-19
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read Instructions on reverse side.

FORM
457

Name of Organization Fremont Area Habitat for Humanity		Tax Year 2020
Name of Owner of Property Fremont Area Habitat for Humanity		County Name Dodge
Street or Other Mailing Address 701 E. Dodge Street		State Where Incorporated NE
City Fremont		Contact Name Joy McKay
State NE	Zip Code 68025	Phone Number 402-721-8771
Email Address joy@fremonthabitat.org		

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Amanda Ostdiek	President	
Jane Martin-Hoffman	Vice President	
Alma Rosales	Secretary	

Description of the Motor Vehicles

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Chevy 1500 Ext. Cab LTDHD 05265B	2003	Chevy 1500 Ext Cab	1GCGK13U63F100974	5/29/19
H&H FLC Cargo 5948	2012	Trailer	533TC1624CC211978	9/27/19
Patriot Cargo 5949	2019	Trailer	4YMBBC1426KM017184	9/27/19
Homemade Traile 5950	1980	Trailer	E436745237993	9/27/19

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 used exclusively as indicated?

YES
 NO

Give a detail description of the use of the motor vehicle:

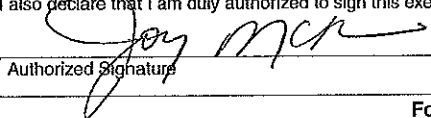
Getting to build/work sites; transport of tools and materials to build/repair/work sites

If No, give percentage of exempt use:

_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here

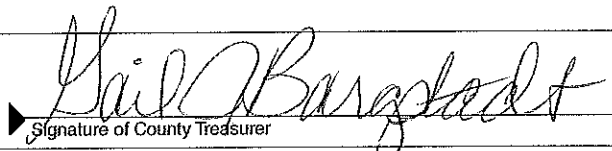

 Authorized Signature

Executive Director
 Title 11-12-19
 Date

For County Treasurer Recommendation

- Approval
 Approval of a Portion
 Denial

Comments: _____


 Signature of County Treasurer 11-14-19
 Date

For County Board of Equalization Use Only

- Approval
 Approval of a Portion
 Denied

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 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization LIBERTY BAPTIST CHURCH			Tax Year 2020
Name of Owner of Property LIBERTY BAPTIST CHURCH			County Name DODGE
Street or Other Mailing Address 1106 N MAIN ST			State Where Incorporated NE
City FREMONT		State NE	Phone Number 402-721-1059
Zip Code 68025		Contact Name ERIC FENSKE	
Email Address			

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
NEIL BURNS	DEACON	
DANIEL LUCAS	TRUSTEE	
GAVIN FRANKLIN	DEACON	ERIC FENSKE DEACON/TREASURER

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
FORD PLATE 5-19	2013	EXT SPORT VAN	1FBSS3BL9DDA76346	

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

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

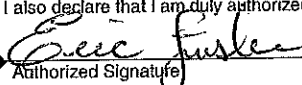
Give a detail description of the use of the motor vehicle:

TRANSPORTING PEOPLE TO CHURCH - TRANSPORTING PEOPLE TO VARIOUS OTHER ACTIVITIES

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 _____ %

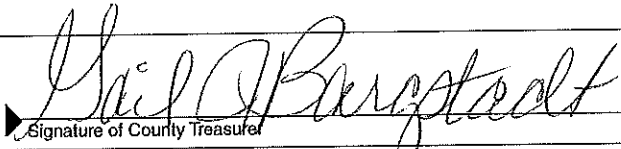
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  **Authorized Signature** **DEACON/TREASURER** **Title** **11/10/2019** **Date**

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

 **Signature of County Treasurer** **11-14-19** **Date**

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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**

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization LIVING WORD CHURCH FCF			Tax Year 2020
Name of Owner of Property LIVING WORD CHURCH FCF OF FREMONT			County Name DODGE
Street or Other Mailing Address 1110 N LINCOLN			State Where Incorporated NE
City FREMONT			Contact Name JACKIE HARTMAN
State NE	Zip Code 68025	Phone Number 407212068	
Email Address			

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
JACKIE HARTMAN	PRESIDENT	5811 Old Hwy 8 Fremont, NE 68025
KENNETH HARTMAN	VICE PRESIDENT	5811 Old Hwy 8 Fremont, NE 68025
DARLENE BURLIE	SECRETARY/TREASURER	3206 N. Red Fox St. Wichita, KS 67205

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
FORD PLATE 5-54	2003	ECONOLINE WAGON E350	1FBSS31S93HA46778	

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:

USED TO TRANSPORT PEOPLE TO AND FROM CHURCH SERVICES WITH NO OTHER MEANS OF TRANSPORTATION - TO PICK UP FOOD FROM HEARTLAND FOOD BANK IN OMAHA FOR OUR MONTHLY FOOD BOX DISTRIBUTION - OCCASIONALLY TRANSPORTING YOUTH TO CAMP AND OTHERS TO RELIGIOUS CONFERENCES

Are the motor vehicles used exclusively as indicated?
 YES NO
 If No, give percentage of exempt use: _____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here → Jackie Hartman President/Corp. 11/7/19
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____
 Approval of a Portion _____
 Denial _____

Phil Burget 11-13-19
 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization MASONIC EASTERN STAR HOME FOR CHILDREN		Tax Year 2020	
Name of Owner of Property MASONIC EASTERN STAR HOME FOR CHILDREN		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 2414 N MAIN ST		Contact Name RON GIESSELMANN	Phone Number 4027211185
City FREMONT	State NE	Zip Code 68025	Email Address

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
CHARLES HOUSE	PRESIDENT	
LEONA PADEN	1ST VICE PRESIDENT	
JOHN PARSONS	2N VICE PRESIDENT	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
STARLITE 5945	1996	16' FLATBED	13YFS1621TC061541	
CARGO 5942	2000	10' ENCLOSED	4U01C1014YA000229	
TITAN 5X1586	2005	16' STOCK TRAILER	4TGB1620651034646	
US CARGO 5944	2002	LANDSCAPE TRAILER	4X4TSE0163X068922	
GMC 2797	2015	VAN	1GJW7RFG7F1219029	

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:

TRAILERS ARE USED TO TRANSPORT MATERIALS FOR 4H ACTIVITES - VEHICLES ARE FOR THE TRANSPORTING OF CHILDREN AND PERSONNEL FOR SCHOOL AND FOR ADMINISTRATIVE DUTIES

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use:

_____%

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶

Authorized Signature

Title

Executive Director

Date

11-7-19

For County Treasurer Recommendation

- Approval
- Approval of a Portion
- Denial

Comments: _____

Signature of County Treasurer

Date

11-13-19

For County Board of Equalization Use Only

- Approval
- Approval of a Portion
- Denied

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 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization MASONIC EASTERN STAR HOME FOR CHILDREN		Tax Year 2020	
Name of Owner of Property MASONIC EASTERN STAR HOME FOR CHILDREN		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 2414 N MAIN ST		Contact Name RON GIESSELMANN	Phone Number 4027211185
City FREMONT	State NE	Zip Code 68025	Email Address

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
CHARLES HOUSE	PRESIDENT	
LEONA PADEN	1ST VICE PRESIDENT	
JOHN PARSONS	2N VICE PRESIDENT	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHEV 2794	2011	TRAVERSE	1GNKVGED6BJ323570	
CHEV 0546	2008	SPORT VAN/BUS	1GAHG35K281125851	
GMC 0547	2008	VAN/BUS	1GJHG39K281148525	
CHEV 0548	2007	PASSENGER VAN/BUS	1GAHG35U871138006	
GMC 05776R	2006	SIERRA PICKUP	1GTHC29U66E206558	

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 used exclusively as indicated?

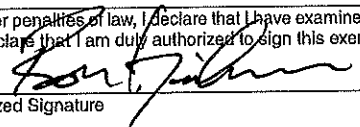
YES NO

If No, give percentage of exempt use: _____ %

Give a detail description of the use of the motor vehicle:

TRAILERS ARE USED TO TRANSPORT MATERIALS FOR 4H ACTIVITES - VEHICLES ARE FOR THE TRANSPORTING OF CHILDREN AND PERSONNEL FOR SCHOOL AND FOR ADMINISTRATIVE DUTIES

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

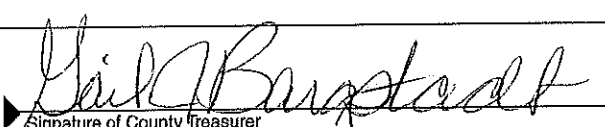
sign here  Executive Director 11-7-19

Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

 11-13-19

Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read Instructions on reverse side.

FORM
457

Name of Organization MASONIC EASTERN STAR HOME FOR CHILDREN		Tax Year 2020	
Name of Owner of Property MASONIC EASTERN STAR HOME FOR CHILDREN		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 2414 N MAIN ST		Contact Name RON GIESSELMANN	Phone Number 4027211185
City FREMONT	State NE	Zip Code 68025	Email Address

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
CHARLES HOUSE	PRESIDENT	
LEONA PADEN	1ST VICE PRESIDENT	
JOHN PARSONS	2N VICE PRESIDENT	

Description of the Motor Vehicles
• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHEV 2793	2004	IMPALA SEDAN	2G1WF52E749199020	
CHEV 2795	2012	EXPRESS VAN	1GAWGRFG9C1103603	
DODG 052102R	2009	RAM PICKUP	3D7KS28L29G531163	
FORD 052538R	1997	PICKUP	1FTHW26GXVEC07054	
FORD 5923	2012	VAN	1FMNE1BL6CDA28205	

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:

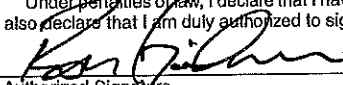
TRAILERS ARE USED TO TRANSPORT MATERIALS FOR 4H ACTIVITES - VEHICLES ARE FOR THE TRANSPORTING OF CHILDREN AND PERSONNEL FOR SCHOOL AND FOR ADMINISTRATIVE DUTIES

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use: _____%

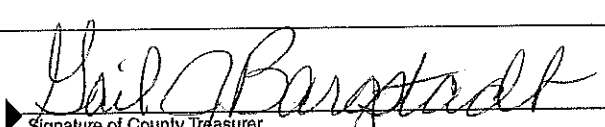
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  Executive Director 11-7-19
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

 11-13-19
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization MASONIC EASTERN STAR HOME FOR CHILDREN			Tax Year 2020
Name of Owner of Property MASONIC EASTERN STAR HOME FOR CHILDREN			County Name DODGE
Street or Other Mailing Address 2414 N MAIN ST			State Where Incorporated NE
City FREMONT		State NE	Phone Number 4027211185
Zip Code 68025		Contact Name RON GIESSELMANN	
Email Address			

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
CHARLES HOUSE	PRESIDENT	
LEONA PADEN	1ST VICE PRESIDENT	
JOHN PARSONS	2N VICE PRESIDENT	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
CHEV 051	2016	VAN/BUS	1GAZGPF3G1264438	
CHEV 05107R	2016	PICKUP	3GCUKREC5GG334632	7-11-19
WILSON 5X1579	1993	GOOSENECK	1W1BEAJC9PH514777	
S&W 5943	2012	TRAILER	1S9UP121XCW334D56	
HOMEMADE 5946	1995	TRAILER	NET1061234	

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

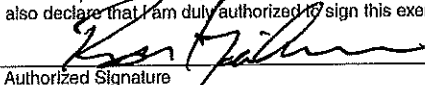
Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Give a detail description of the use of the motor vehicle:

TRAILERS ARE USED TO TRANSPORT MATERIALS FOR 4H ACTIVITES - VEHICLES ARE FOR THE TRANSPORTING OF CHILDREN AND PERSONNEL FOR SCHOOL AND FOR ADMINISTRATIVE DUTIES

Are the motor vehicles used exclusively as indicated?
 YES NO
 If No, give percentage of exempt use:
 _____ %

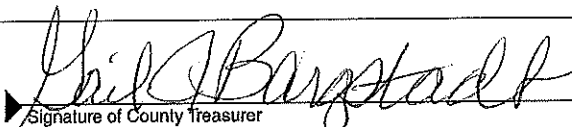
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  Executive Director 11-7-19
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

 11-13-19
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization MASONIC EASTERN STAR HOME FOR CHILDREN			Tax Year 2020
Name of Owner of Property MASONIC EASTERN STAR HOME FOR CHILDREN		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 2414 N MAIN ST		Contact Name RON GIESSELMANN	Phone Number 4027211185
City FREMONT	State NE	Zip Code 68025	Email Address

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
CHARLES HOUSE	PRESIDENT	
LEONA PADEN	1ST VICE PRESIDENT	
JOHN PARSONS	2N VICE PRESIDENT	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
STARLITE 5945	1996	TRAILER	13YFS1621TC061541	

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

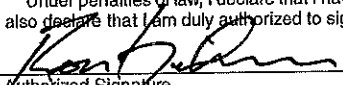
Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 _____ %

Give a detail description of the use of the motor vehicle:
 TRAILERS ARE USED TO TRANSPORT MATERIALS FOR 4H ACTIVITES - VEHICLES ARE FOR THE TRANSPORTING OF CHILDREN AND PERSONNEL FOR SCHOOL AND FOR ADMINISTRATIVE DUTIES

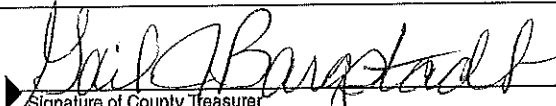
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  Executive Director 11-7-19
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

 11-13-19
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization METHODIST FREMONT HEALTH		Tax Year 2020	
Name of Owner of Property METHODIST FREMONT HEALTH		County Name dodge	State Where Incorporated ne
Street or Other Mailing Address 450 E 23RD ST		Contact Name BRETT RICHMOND	Phone Number 4027273781
City FREMONT	State NE	Zip Code 68025	Email Address BRETT.RICHMOND@NMHS.ORG

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
BRETT RICHMOND	PRESIDENT	
BILL VOBEJDA	VP OPERATIONS	
MIKE SINDELAR Jeff Francis	VP CFO	

Description of the Motor Vehicles
• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
H&H 5916	2005	ENCLOSED CARGO TRAILER	4J6SC10195B073846	
CARRY ON TRAILER 5918	2012	UTILITY LANDSCAPE	4YMUL1412CM014414	
SHARP TRAILER 5917	2014	7X18 4 WHEEL TRAILER	1S9BE1825E1870907	
CHEVY 5919	2002	SILVERADO PICKUP	1GBHK24U32E289729	
GMC SAVANA RV 5922	2002	RVG1500	1GDFG15R821204380	

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):
 Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

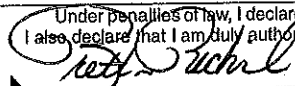
Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use:
_____ %

Give a detail description of the use of the motor vehicle:

Patient/Resident transportation and/or general business purposes.

sign here 
Authorized Signature

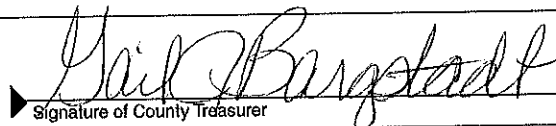
President/CEO
Title

11/8/19
Date

For County Treasurer Recommendation

- Approval
- Approval of a Portion
- Denial

Comments: _____


Signature of County Treasurer

11-13-19
Date

For County Board of Equalization Use Only

- Approval
- Approval of a Portion
- Denied

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 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization METHODIST FREMONT HEALTH			Tax Year 2020	
Name of Owner of Property METHODIST FREMONT HEALTH			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 450 E 23RD ST			Contact Name BRETT RICHMOND	Phone Number 4027273781
City FREMONT	State NE	Zip Code 68025	Email Address BRETT.RICHMOND@NMHS.ORG	

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
BRETT RICHMOND	PRESIDENT	
BILL VOBEJDA	VP OPERATIONS	
MIKE SINDELAR <i>Jeff Francis</i>	VP CFO	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
FORD 5920	2007	E-250 ECONLINE VAN	1FTNS24L67DB21232	
CHEV 5921	2010	SILVERADO PICKUP	1GC3KVBG9AF140500	
CHRYLSEY 5924	2012	TOWN & COUNTRY VAN	2C4RC1CG2CR368493	
FORD 053	2017	E 350 CUTAWAY BUS	1FDEE3FS7HDC20737	

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:

Patient / Resident transportation and/or general business purposes.

Are the motor vehicles used exclusively as indicated? YES NO

If No, give percentage of exempt use: _____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here *[Signature]* _____ *President / CEO* _____ *11/8/19* _____
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

[Signature] _____ *11-13-19* _____
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

• Read instructions on reverse side.

Name of Organization MOSAIC FREMONT NE OFFICE		Tax Year 2020	
Name of Owner of Property <i>Shawn May</i>		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 105 E NORFOLK AVE SUITE 200		Contact Name <i>Cassie</i>	Phone Number <i>(402) 379-3888 ext. 201</i>
City NORFOLK	State NE	Zip Code 68701	Email Address <i>Cassandra.Kreikemeier@mosaicinfo.org</i>

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
LINDA TIMMONS	CEO	
SCOTT HOFFMAN	CFO	
TRACEY SCHLEGEL	EXECUTIVE DIRECTOR	

Description of the Motor Vehicles
• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
CHEV 2762	2011	van	1GAZGZFG4B1190225	
CHEV 2763	2011	VAN	1GAZGZFG7B1189330	
DODGE 5951	2019	GRAND CARAVAN	2C4RDGBG0KR770268	

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:

TRANSPORTING DISABLED INDIVIDUALS

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete.
I also declare that I am duly authorized to sign this exemption application.

sign
here

[Signature]
Authorized Signature

Associate Director
Title

11/6/19
Date

For County Treasurer Recommendation

- Approval
- Approval of a Portion
- Denial

Comments: _____

[Signature]
Signature of County Treasurer

11-13-19
Date

For County Board of Equalization Use Only

- Approval
- Approval of a Portion
- Denied

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 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

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization SALEM EVANGELICAL LUTHERAN CHURCH			Tax Year 2020	
Name of Owner of Property NEBRASKA SYNOD ELCA, SALEM LUTH CHURCH			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 401 E MILITARY AVE			Contact Name <i>Sandra Terry</i>	Phone Number 4027216158
City FREMONT	State NE	Zip Code 68025	Email Address	

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
SANDY TERRY	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	Registration Date or Date of Acquisition, if Newly Purchased
FORD 0510	1995	VAN	1FDJE30H4SHC08055	
STAL 0574	2012	VAN	1FDEE3FL9CDB04909	
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:

**TRANSPORTING PERSON TO/FROM CHURCH SERVICES & OUTINGS
BOY SCOUT CAMPING TRIPS**

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use: _____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete.
I also declare that I am duly authorized to sign this exemption application.

sign here *Sandra Terry* _____ *Council Chair* _____ *11/12/19* _____
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

Phil Bergstad _____ *11-14-19* _____
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization SALVATION ARMY		Tax Year 2020	
Name of Owner of Property SALVATION ARMY		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 707 N I ST PO BOX 967		Contact Name STEPHEN HANSEN	Phone Number
City FREMONT	State NE	Zip Code 68025	Email Address

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
PAUL SEILER E. BRADFORD BAILEY	PRESIDENT	
NECTOR NUESCH STEVEN HOWARD	VICE PRESIDENT	
MEARLE HEATWOLE	SECRETARY	

PHILIP MAX WELLS Description of the Motor Vehicles
• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
FORD 2767	2013	VAN	1FBSS3BL4DDB03551	
FORD 2751	2014	SPORT	2FMGK5B82EBD16137	
INTL	1987	BUS	1HVLPHYM5HHA19448	SCRAPED

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:

ALL VEHICLES ARE USED TO TRANSPORT PEOPLE TO/FROM SALVATION ARMY EVENTS

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here

Authorized Signature

COAS OFFICER
Title

11/8/2019
Date

For County Treasurer Recommendation

- Approval
- Approval of a Portion
- Denial

Comments: _____

Gail Burstad
Signature of County Treasurer

11-14-19
Date

For County Board of Equalization Use Only

- Approval
- Approval of a Portion
- Denied

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 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 _____

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization THE PRESBYTERIAN CHURCH			Tax Year 2020	
Name of Owner of Property			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 520 W LINDEN AVE			Contact Name <i>Nancy Hass</i>	Phone Number 4027217904
City FREMONT	State NE	Zip Code 68025	Email Address <i>WFO@presbyterian-fremont.org</i>	
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input type="checkbox"/> Educational Organization <input checked="" type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization				

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
GARY FOURAKER	MODERATOR	
PAUL MARSH	VICE MODERATOR	
BILL SVOBODA	SESECRETARY/TREASURE	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
FORD 2799	2005	VAN	1FBSS31L65HA82133	
HOMEMADE 5931	1997	TRAILER	NO VIN	

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

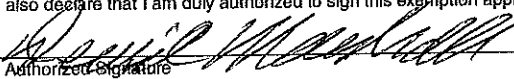
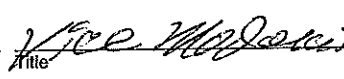
Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

Give a detail description of the use of the motor vehicle:
**TRANSPORT PEOPLE TO RELIGIOUS EVENTS
STORE AND TRANSPORT ALUMINUM CANS FOR RECYCLING**

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

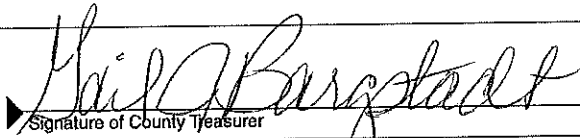
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  *David Marshall*  *Vice Moderator* **11-12-19**
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

 *Paul Bergstad* **11-14-19**
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

• Read instructions on reverse side.

Name of Organization TRINITY EVANGELICAL LUTHERAN CHURCH			Tax Year 2020	
Name of Owner of Property TRINITY EVANGELICAL LUTHERAN CHURCH			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 1546 N LUTHER RD			Contact Name Amy Glause	Phone Number 402-721-5536
City FREMONT	State NE	Zip Code 68025	Email Address amy.glause@trinityfremont.org	
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input checked="" type="checkbox"/> Educational Organization <input checked="" type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization				

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Tom Mueller	Chairman	21915 Hillandale EIKHORN NE 68022
NICK SALGER	Treasurer	905 N Nye Ave Fremont NE 68025
Heather Remig	Corp. Secretary	1501 N Hancock Fremont NE 68025

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHEV 0562	2008	BUS	1GBHG31C881111656	
WELLS FARGO 5X3698	1996	TRAILER	1WC200D18T2028968	
CHEV 0541	2005	BUS	1GNDV23L25D241232	
DODG 2780	2006	DURANGO	1D4HB48N56F182002	
H&H 5X1535	2003	TRAILER	4J6TC12283B050565	

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:
VEHICLES AND TRAILERS USED FOR SCHOOL EVENTS SPORTING EVENTS AND TO HAUL EQUIPMENT

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete.
I also declare that I am duly authorized to sign this exemption application.

sign here Amy Glause Financial Admin 11-7-19
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

Gail Bergstad 11-13-19
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization FIRST UNITED METHODIST CHURCH/BOY SCOUT TROOP		Tax Year 2020
Name of Owner of Property FIRST UNITED METHODIST CHURCH/BOY SCOUT TROOP		County Name DODGE
Street or Other Mailing Address 815 N BROAD ST		State Where Incorporated NE
City FREMONT		Contact Name
State NE	Zip Code 68025	Phone Number 4027210817
Email Address FREMONTFUMC@GPCOM.NET		

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
YOGI MARTIN	CHAIRMAN/COMMANDER	
JAMES F PEDERSEN	QUARTER MASTER	
PAUL VOSS	SCOUT MASTER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
FREUHAUF PLATE 5X4874	1994	ENCLOSED TRLR	2 WH 5X8	
HOMEMADE	1995	ENCLOSED TRLR	4 WH 6X15	

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

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

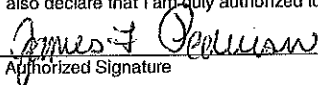
Give a detail description of the use of the motor vehicle:

TRAILERS ARE USED FOR STORAGE AND TRANSPORTING CAMPING GEAR TO CAMP OUTS

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 _____ %

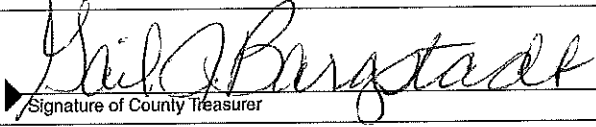
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  James F Pedersen Quarter Master 11-8-19
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

 Neil Burgstad 11-15-19
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization THREE RIVERS PUBLIC HEALTH DEPARTMENT			Tax Year 2020	
Name of Owner of Property THREE RIVERS PUBLIC HEALTH DEPARTMENT			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 2400 N LINCOLN AVE			Contact Name TERRA UHING	Phone Number 4027276050 5394
City FREMONT	State NE	Zip Code 68025	Email Address Terra @ 3rphd.org	
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization				

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
TERRA UHING	EXECUTIVE DIRECTOR	
RYAN PRESIDENT	BOARD PRESIDENT	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
FOREST CITY 5927	2010	TRAILER	5NHUHA019AW056751	
AMERICAN HAULER 5X5084	2011	TRAILER	5N6200G21B1034891	
DODGE 44033	2014	GRAND CARAVAN	2C4RDGBGXER451917	

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 used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 _____ %

Give a detail description of the use of the motor vehicle:
THESE TRAILERS WOULD BE USED DURING EMERGENCY RESPONSE INCIDENTS

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ *[Signature]* Title *Executive Director* Date *11/15/19*

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

Gail Bergstadt Signature of County Treasurer *11-15-19* Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read Instructions on reverse side.

FORM
457

Name of Organization FREMONT FAMILY YMCA			Tax Year 2020
Name of Owner of Property FREMONT FAMILY YMCA		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 810 N LINCOLN AVE		Contact Name JERRY RINNE	Phone Number 4027216952
City FREMONT	State NE	Zip Code 68025	Email Address

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
JERRY RINNE	CEO/EXEC DIRECTOR	1737 Frederiksen, Fremont, Ne 68025
Mitch Sawyer	CVO	3119 Deer Point Dr. Fremont NE 68925
KENT SPEICHER	TREASURER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
CHEVROLET PLATE 0578	1982	BUS	1GBG6P1B1CV123615	
GMC PLATE 0865	2001	14 PASSENGER BUS	1GDHG31R811126725	
THOMAS PLATE 057	2001	BUS FL60	4U23CFAA21CH28819	
HOMEMADE PLATE 6938	1999	2WH 7' FLATBED TRLR		
CHEVROLET PLATE 2768	2000	K1500 SILVERADO	1GCEK14T5VE351690	

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 used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 _____ %

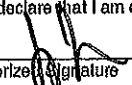
Give a detail description of the use of the motor vehicle:

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 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 supplies.

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

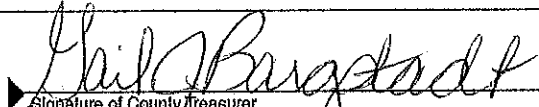
sign here


 _____ CEO _____ 11-27-19
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____


 _____ 12-4-19
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read Instructions on reverse side.

FORM
457

Name of Organization FREMONT FAMILY YMCA			Tax Year 2020
Name of Owner of Property FREMONT FAMILY YMCA		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 810 N LINCOLN AVE		Contact Name JERRY RINNE	Phone Number 4027216952
City FREMONT	State NE	Zip Code 68025	Email Address

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
JERRY RINNE	CEO/EXEC DIRECTOR	
Mitch Sawyer	CVO	1737 Frederiksen, Fremont, Ne 68025
KENT SPEICHER	TREASURER	3119 Deer Point Dr. Fremont NE 68925

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
SHORELANDR PLATE 5939	2007	27' BOAT TRAILER	1MDBVD0107A362718	
INTERNATIONAL PLATE 0516	2008	C3200 BUS	4DRBUAFM46B258169	
CARGO EXPRESS PLATE 5X2757	1999	2'WH 5X8 TRAILER	1WC200D18T2028968	

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 used exclusively as indicated? YES NO

Give a detail description of the use of the motor vehicle:

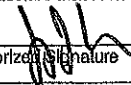
The buses are used to take/pick up youth for our before & after school programs, summer fun club and our day camps at the Christensen Family YMCA Camp. We also use the buses to take youth, adults and active older adults on field trips throughout the year. The Cargo trailer is used to transport equipment for our youth sports programs and doubles as a storage area when we have to leave equipment off 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 supplies and assist with snow removal. We use the truck to transport staff to pick up parts and supplies and haul the trailers.

If No, give percentage of exempt use: _____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign
here

Authorized Signature 

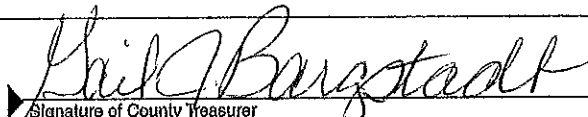
Title CEO

Date 11-27-19

For County Treasurer Recommendation

- Approval
- Approval of a Portion
- Denial

Comments: _____

 12-4-19

Signature of County Treasurer Date

For County Board of Equalization Use Only

- Approval
- Approval of a Portion
- Denied

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 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 _____

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization FREMONT CHURCH OF THE NAZARENE			Tax Year 2020	
Name of Owner of Property FREMONT CHURCH OF THE NAZARENE			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 960 N JOHNSON RD			Contact Name DAN LAYMAN	Phone Number 4027276445
City FREMONT	State NE	Zip Code 68025	Email Address	

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
ERIN BUSSEN	DIRECTOR DAYCARE	
DAN LAYMAN	TRUSTEE	
ARLAN TREHEARN	TRUSTEE	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
GMG PLATE 2774	2004	SPORT VAN	4GJHG39R344166552	traded in
CHRVROLET PLATE 0564	2017	PASSENGER VAN/BUS	1GAZGPF2H1239927	
BUS 5-12	2012	FORD VAN	1FBNE3BL4CDA76838	

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:

TRANSPORT CHILDREN/TEENAGERS FOR CHURCH RELATED ACTIVITIES, TRANSPORTATION TO CHURCH ACTIVITIES AND EVENTS

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use:

%

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here

Windy Bazy
Authorized Signature

Church finance
Title

11-14-2019
Date

For County Treasurer Recommendation

- Approval
- Approval of a Portion
- Denial

Comments: _____

Neil Bergstedt
Signature of County Treasurer

12-4-19
Date

For County Board of Equalization Use Only

- Approval
- Approval of a Portion
- Denied

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 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

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization FREMONT AVENUE OF FLAGS INC		Tax Year 2020	
Name of Owner of Property FREMONT AVENUE OF FLAGS INC		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address PO BOX 532		Contact Name VERN GIBSON	Phone Number 4026696212
City FREMONT	State NE	Zip Code 68025	Email Address VERN@DUGANINC.COM

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
VERN GIBSON	CHAIRMAN	
CHRISTOPHER S MADSEN	VICE CHAIRMAN	
JOHN RAMSAY	SECRETARY/TREASURER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
DOOLITTLE PLATE 2757	2016	7X14 BULLIT TRAILER	1DGCS1420GM020816	
DOOLITTLE PLATE 2756	2016	7X14 BULLIT TRAILER	1DGCS1420GM020815	
DOOLITTLE PLATE 2755	2016	7X14 BULLIT TRAILER	1DGCS1420GM019612	
DOOLITTLE PLATE 2754	2016	7X14 BULLIT TRAILER	1DGCS142XGM019611	

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 used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 _____ %

Give a detail description of the use of the motor vehicle:
STORAGE OF FLAGS APPROXIMATELY 80 PER TAILER - TRAILERS ARE TOWED FOUR TIME A YEAR TO PUT UP FLAGS

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ *Vern Gibson* Authorized Signature *CO-CHAIR* Title *11/25/2019* Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

Gail Burgstad Signature of County Treasurer *12-4-19* Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization DODGE COUNTY HEAD START		Tax Year 2020	
Name of Owner of Property MIDLAND UNIVERSITY		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address PO BOX 244		Contact Name STEPHANIE KNUST	Phone Number 4027219022
City FREMONT	State NE	Zip Code 68025	Email Address SKNUST@DCHEADSTART.COM

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
STEPHANIE KNUST	DIRECTOR	P.O. Box 244 Fremont, NE 68025

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
MICRO BIRD PLATE 0537	2010	BUS	1GB6G3AF7A1132370	
BLUE BIRD PLATE 0520	2005	BUS	AGBJG310231150585	

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 used exclusively as indicated?
 YES NO

Give a detail description of the use of the motor vehicle:
FEDERALLY FUNDED, COMPREHENSIVE PRE-SCHOOL PROGRAM SERVING PRE-SCHOOL CHILDREN AND FAMILIES IN DODGE COUNTY

If No, give percentage of exempt use:
 _____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ Stephanie Knust Director 11/13/19
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____
 Approval of a Portion _____
 Denial _____

Signature of County Treasurer: Phil Bergstadt Date: 12-4-19

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: _____

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization MEMORIAL CEMETERY ASSOCIATION INC			Tax Year 2020	
Name of Owner of Property MEMORIAL CEMETERY ASSOCIATION INC			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 800 W 23RD ST			Contact Name <i>Jennette Strickland</i>	Phone Number 4027211442
City FREMONT	State NE	Zip Code 68025	Email Address <i>memorialcemetery@msw.com</i>	
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input checked="" type="checkbox"/> Cemetery Organization				

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
STEVE HULL	PRESIDENT	
DAVID CHRISTENSEN	VICE PRESIDENT	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHEV 2760	2002	CHASSIS/CAB	1GBJC34U62E288210	

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:
ALL CEMETERY WORK

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here *Steve L Hull* Authorized Signature *President* Title *11-13-19* Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

Phil Bergstedt Signature of County Treasurer *12-4-19* Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read Instructions on reverse side.

FORM
457

Name of Organization MIDLAND UNIVERSITY		Tax Year 2020	
Name of Owner of Property		County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 900 N CLARKSON ST		Contact Name Joseph Harnisch	Phone Number 402-941-6143
City FREMONT	State NE	Zip Code 68025	Email Address Harnisch.J@MidlandU.edu

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
JODY HORNER	PRESIDENT	
JODI BENJAMIN	VICE PRESIDENT	
DENISE PRATT	CONTROLLER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
HOMEMADE TRAILER 5X1778	1993	2 WHEEL TRAILER	344963	
DODG 0515	1999	WAGON VAN	2B5WB35Z3XK532597	
CHEV 0530	1998	CHAMPION BUS	1GBJG31J5W1028506	
DODG 0536	1997	VAN	2B5WB35Z7VK592525	
CHEV 0559	2002	STARCRAFT BUS	1GBJG31J7Y1263511	

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:
GENERAL OPERATION OF THE COLLEGE

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here

Joseph Harnisch
Authorized Signature

AVP + Controller
Title

12-5-19
Date

For County Treasurer Recommendation

- Approval
- Approval of a Portion
- Denial

Comments: _____

Paul Bergstedt
Signature of County Treasurer

12-6-19
Date

For County Board of Equalization Use Only

- Approval
- Approval of a Portion
- Denied

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 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

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization MIDLAND UNIVERSITY			Tax Year 2020	
Name of Owner of Property			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 900 N CLARKSON ST			Contact Name Joseph Harnisch	Phone Number 402-941-6143
City FREMONT	State NE	Zip Code 68025	Email Address Harnisch J@MidlandU.edu	

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
JODY HORNER	PRESIDENT	
JODI BENJAMIN	VICE PRESIDENT	
DENISE PRATT	CONTROLLER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
FORD 2770	1984	PICKUP	1FTEF25G5EPA64152	
MERC 2771	1999	GRAND MARQUIS	2MEFM74W1XX604060	
FORD 2772	2004	FORD EXCURSION	1FMNU45S94ED41154	
FORD 0560	2010	ECONOLINE BUS	1FDPE4FS3ADA79150	
CHEV 2788	2017	MALIBU	1G1ZB5ST1HF112880	

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

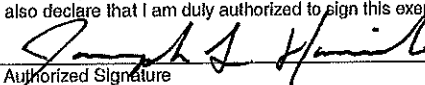
Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Give a detail description of the use of the motor vehicle:
GENERAL OPERATION OF THE COLLEGE

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

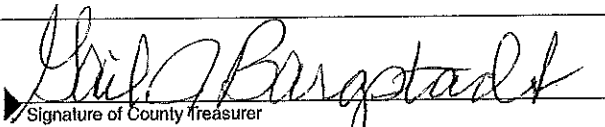
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  Joseph Harnisch AUP + Controller 12-5-19
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

 Greg Bergstad 12-6-19
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization MIDLAND UNIVERSITY			Tax Year 2020	
Name of Owner of Property			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 900 N CLARKSON ST			Contact Name Joseph Harnisch	Phone Number 402-941-6143
City FREMONT	State NE	Zip Code 68025	Email Address HarnischJ@midland.edu	
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input checked="" type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization				

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
JODY HORNER	PRESIDENT	
JODI BENJAMIN	VICE PRESIDENT	
DENISE PRATT	CONTROLLER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHEV 2782	2017	CRUZE	1G1BE5SM1H7118383	
CHEV 5965	2017	CRUZE	1G1BF5SM0H7110143	
CHEV 5964	2017	CRUZE	1G1BE5SM4H7118135	
JEEP 2798	2018	RENEGADE SPORT	ZACCJBAB8JPJ50047	
HOND 2773	2008	CIVIC U.S. LX	1HGFA165X8L110274	

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:
GENERAL OPERATION OF THE COLLEGE

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ Joseph J. Harnisch AVP & Controller 12-5-19
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Approval of a Portion

Denial

▶ Phil Burgstad 12-6-19
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

Please retain a copy for your records.

4

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

• Read instructions on reverse side.

Name of Organization MIDLAND UNIVERSITY			Tax Year 2020	
Name of Owner of Property			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 900 N CLARKSON ST			Contact Name Joseph Harnisch	Phone Number 402-490 402-941-6143
City FREMONT	State NE	Zip Code 68025	Email Address HarnischJ@midlandU.edu	
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input checked="" type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization				

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
JODY HORNER	PRESIDENT	
JODI BENJAMIN	VICE PRESIDENT	
DENISE PRATT	CONTROLLER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHEV 2774	1998	BLAZER	1GNDT13W4W2226450	
CHEV 2775	2004	SILVERADO	1GCHK24294E379058	
FORD 2776	1997	EXPEDITION	1FMFU18LXVLA48240	
FRHT 0580	2011	BUS	1FVACWDT4BDAX1689	
FORD 0522	2012	VAN	1FDXE4FSXCDA19373	

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 used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____%

Give a detail description of the use of the motor vehicle:
GENERAL OPERATION OF THE COLLEGE

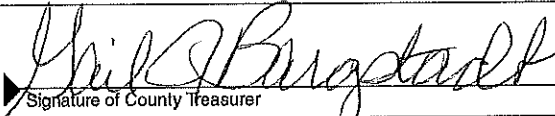
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  AVP + Controller 12-5-19
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

 12-6-19
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization MIDLAND UNIVERSITY			Tax Year 2020	
Name of Owner of Property			County Name DODGE	State Where Incorporated NE
Street or Other Mailing Address 900 N CLARKSON ST			Contact Name <i>Joseph Harnisch</i>	Phone Number 402-941-6143
City FREMONT	State NE	Zip Code 68025	Email Address <i>Harnisch J @ Midland U. edu</i>	
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input checked="" type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization				

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
JODY HORNER	PRESIDENT	
JODI BENJAMIN	VICE PRESIDENT	
DENISE PRATT	CONTROLLER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
+ CHEV 2779	2013	MALIBU	1G11D5SR2DF342014	
CARR 2745	2016	TRAILER 2 WHEEL	4YMBU1019GM020839	
GOSH 0570	2017	BUS	1FD4E4FS2HDC57169	
- CHEV 5959	2018	MALIBU	1G1ZB5STXJF216922	
- CHEV 5960	2018	MALIBU	1G1ZB5STXJF205595	

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:
GENERAL OPERATION OF THE COLLEGE

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here *Joseph L. Harnisch* *AUP & Controller* *12-5-19*
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____
 Approval of a Portion
 Denial

Phil Bergstadt *12-6-19*
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

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

* Read instructions on reverse side.

FORM
457

Name of Organization MIDLAND UNIVERSITY		Tax Year 2020
Name of Owner of Property		County Name DODGE
Street or Other Mailing Address 900 N CLARKSON ST		State Where Incorporated NE
City FREMONT		Contact Name <i>Joseph Harnisch</i>
State NE	Zip Code 68025	Phone Number 402-499-6143
Email Address <i>Harnisch.J@MidlandU.edu</i>		
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input checked="" type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization		

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
JODY HORNER	PRESIDENT	
JODI BENJAMIN	VICE PRESIDENT	
DENISE PRATT	CONTROLLER	

Description of the Motor Vehicles • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
CHEV 2743	2018	MALIBU	1G1ZD5ST0JF206068	
Chev 2769	1989	pickup	ce439p807522	

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 used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____%

Give a detail description of the use of the motor vehicle:
GENERAL OPERATION OF THE COLLEGE

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here

Joseph J. Harnisch *AUP + Controller* *12-5-19*
Authorized Signature Title Date

For County Treasurer Recommendation

- Approval
- Approval of a Portion
- Denial

Comments: _____

Phil Bungstad *12-6-19*
Signature of County Treasurer Date

For County Board of Equalization Use Only

- Approval
- Approval of a Portion
- Denied

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 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

Please retain a copy for your records.

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read instructions on reverse side.

FORM
457

Name of Organization FIRST LUTHERAN CHURCH		Tax Year 2020
Name of Owner of Property FIRST LUTHERAN CHURCH		County Name DODGE
Street or Other Mailing Address 3200 E MILITARY AVE		State Where Incorporated NE
City FREMONT		Contact Name WENDY GROSSE
State NE	Zip Code 68025	Phone Number 4027212959
Email Address CONTACT@FLCFREMONT.ORG		

Type of Ownership

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
DAVE KIRBY <i>Lon Olson</i>	PRESIDENT	
LON OLSON <i>Nick Verba</i>	VICE PRESIDENT	
KENT SPEICHER <i>Brad Dahl</i>	TREASURER	

Description of the Motor Vehicles				
• Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
BLUE BIRD PLATE 052	1989	BUS	1BAHC7A5SKE032342	<i>Sold Oct 2017</i>
S&W PLATE 5X207	1995	4 WH TRAILER	1S9EP121SW334009	
SUPREME PLATE 0524	2012	BUS	1EFE4FS6CDA82787	
H&H PLATE 5X5304	2012	4 WH TRAILER	533TC1624CC211978	<i>Sold Sept 2019</i>
<i>VAN 5-21</i>	<i>2018</i>	<i>15 passenger Van</i>	<i>16A26PF67J1322218</i>	<i>11-23-19</i>

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:

CHURCH EVENTS AND TRIPS

Are the motor vehicles used exclusively as indicated? YES NO

If No, give percentage of exempt use: _____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here *Melody Thors* _____ *Administrator* _____ *10/6/19*
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Approval of a Portion Denial

Comments: _____

Judith J. Main Deputy _____ *12-11-19*
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Approval of a Portion Denied

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 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 _____

Please retain a copy for your records.