

File with Your County Assessor on or Before December 31

**Exemption Application**  
 for Tax Exemption on Real and Personal Property by Qualifying Organizations  
 Read Instructions on reverse side.

FORM  
**451**

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

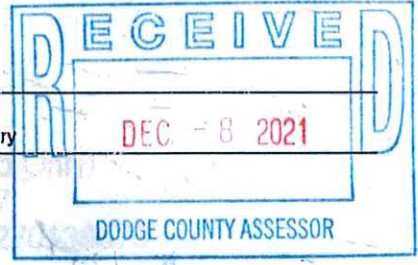
Name of Organization <b>Fremont Area Habitat for Humanity</b>		County Name <b>Dodge</b>	Tax Year <b>2022</b>
Name of Business if Different than Organization		State Where Incorporated <b>Nebraska</b>	
Name of Owner of Property		Total Actual Value of Real and Personal Property <b>\$ 7,938 - Land Only</b>	Parcel ID Number <b>270052423</b>
Street or Other Mailing Address of Applicant <b>PO Box 932 (701 E. Dodge St.)</b>		Contact Name <b>Joy McKay</b>	Phone Number <b>402-721-8771 ext. 1</b>
City <b>Fremont</b>	State <b>NE</b>	Zip Code <b>68026</b>	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
Kristy Pafford	President	2321 Phelps Ave, Fremont, NE 68025
Hayley Fischer	Vice President	2109 Bramblewood Ln, Fremont, NE 68025
Nikki Beatty	Secretary	1427 N Grant St, Fremont, NE 68025

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:  
 S 108 ft of W 42 ft of E 82 ft of lots 7 & 8, Block 6, Pierce's Addition

*270052423 - New*



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

Give a detailed description of the primary use of the property and any other uses of the property:  
 Property will be used to construct a Habitat home on.

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

Is all of the property used exclusively as described above? .....  YES     NO

Is the property used for financial gain or profit to either the owner or owner or organization making exclusive use of the property? .....  YES     NO

Is a portion of the property used for the sale of alcoholic beverages? .....  YES     NO  
 If Yes, state the number of hours per week \_\_\_\_\_

Is the property owned or used by an organization which discriminates in membership or employment based on race, color, or national origin? ...  YES     NO

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

**sign here** Joy McKay Executive Director 12/8/2021  
 Authorized Signature Title Date

Retain a copy for your records.

**For County Assessor's Recommendation**

Approval    COMMENTS: \_\_\_\_\_  
 Approval of a Portion  
 Denied

Sebbie Churchill 12-8-2021  
 Signature of County Assessor Date

**For County Board of Equalization Use Only**

Approved    If the County Board's determination is different from the County Assessor'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.

Bob M... 10/5/22  
 Signature of County Board Member Date

County Clerk: A legible copy of this form showing the final decision of the County Board of Equalization must be delivered electronically to the Nebraska Department of Revenue within seven days after the Board's decision.



File with Your County Assessor on or Before December 31

# Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations

Read instructions on reverse side.

New for 2022

FORM 451

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

Name of Organization <b>STERIO INTERNACIONAL DIOS ES AMOR INC</b>		County Name <b>DODGE</b>	Tax Year <b>2022</b>
Name of Business if Different than Organization		State Where Incorporated <b>NEBRASKA</b>	
Name of Owner of Property		Total Actual Value of Real and Personal Property <b>\$ 180,000.00</b>	Parcel ID Number <b>270050337</b>
Street or Other Mailing Address of Applicant <b>1715 E MILITARY AVE</b>		Contact Name <b>RUDY de la Cruz</b>	Phone Number <b>402-6152186</b>
City <b>FREMONT</b>	State <b>NE</b>	Zip Code <b>68025</b>	Email Address <b>rudydeleacruz63@gmail.com</b>
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

Legal description of real property and general description of all depreciable tangible personal property,  
**270050337: PARKSIDE LOT 3**

**THE STATE OF NE PROPERTY ASSESSMENT DIVISION WOULD LIKE AN ESTIMATED VALUE FOR EVERY PARCEL. THANK YOU.**

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

- Agricultural and Horticultural Society  
 Educational  
 Religious  
 Charitable  
 Cemetery

Give a detailed description of the primary use of the property and any other uses of the property:



All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

- Is all of the property used exclusively as described above? .....
- Is the property used for financial gain or profit to either the owner or owner or organization making exclusive use of the property? ...  YES  NO
- Is a portion of the property used for the sale of alcoholic beverages? .....
- If Yes, state the number of hours per week \_\_\_\_\_
- Is the property owned or used by an organization which discriminates in membership or employment based on race, color, or national origin? ...  YES  NO

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

**sign here** *[Signature]* **Authorized Signature**     
*Pastor* **Title**     
*12/30/21* **Date**

Retain a copy for your records.

### For County Assessor's Recommendation

Approval      COMMENTS: \_\_\_\_\_

Approval of a Portion

Denied

*[Signature]* **Signature of County Assessor**      \_\_\_\_\_ **Date**

### For County Board of Equalization Use Only

Approved      If the County Board's determination is different from the County Assessor'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]* **Signature of County Board Member**      *10/5/22* **Date**

**County Clerk: A legible copy of this form showing the final decision of the County Board of Equalization must be delivered electronically to the Nebraska Department of Revenue within seven days after the Board's decision.**



File with Your County Assessor on or Before December 31

# Exemption Application

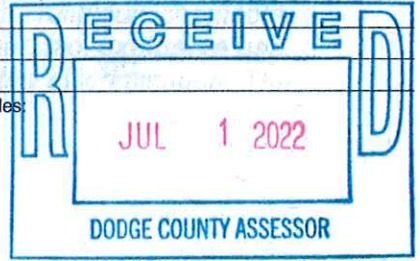
for Tax Exemption on Real and Personal Property by Qualifying Organizations  
Read instructions on reverse side.

FORM 451

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

Name of Organization <b>Howells-Dodge Educational Facilities Leasing Corporation</b>		County Name <b>Dodge</b>	Tax Year <b>2022</b>
Name of Business if Different than Organization		State Where Incorporated <b>Nebraska</b>	
Name of Owner of Property <b>Howells-Dodge Educational Facilities Leasing Corporation</b>	Value of Real Property <b>\$0</b>	Value of Personal Property <b>\$0</b>	Parcel ID Number <b>270136075</b>
Street or Other Mailing Address of Applicant <b>417 Center Street</b>		Contact Name <b>Mark Ernst</b>	Phone Number <b>(402) 986-1621</b>
City <b>Howells</b>	State <b>NE</b>	Zip Code <b>68641</b>	Email Address <b>mernst@hdcjags.org</b>
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input checked="" type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization			

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Mark Ernst	President, Director	417 Center Street, Howells, NE 68641
Steve Schmidt	Secretary, Director	417 Center Street, Howells, NE 68641
Heather Macholan	Treasurer, Director	417 Center Street, Howells, NE 68641



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

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

Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

Give a detailed description of the primary use of the property and any other uses of the property:  
 See Attachment.

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

Is all of the property used exclusively as described above? .....  YES     NO  
 Is the property used for financial gain or profit to either the owner, the owner or organization making exclusive use of the property, or private individuals?  YES     NO  
 Is a portion of the property used for the sale of alcoholic beverages? .....  YES     NO  
 If Yes, state the number of hours per week \_\_\_\_\_  
 Is the property owned or used by an organization which discriminates in membership or employment based on race, color, or national origin? ...  YES     NO

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

**sign here** Mark Ernst Authorized Signature    Title President    Date 7-1-22

Retain a copy for your records.

**For County Assessor's Recommendation**

Approval     Approval of a Portion     Denied

COMMENTS: Property is exempt.

Sebbie Churchill Signature of County Assessor    Date 9-19-2022

**For County Board of Equalization Use Only**

Approved     Approval of a Portion     Denied

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

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

Bob Smith Signature of County Board Member    Date 10/5/22

County Clerk: A legible copy of this form showing the final decision of the County Board of Equalization must be delivered electronically to the Nebraska Department of Revenue within seven days after the Board's decision.