			tructions on reverse	onprofit Or treasurer. e side.	ganizatio	ns	Fоям 457
Street or Other Mailing Address 5120 PRESCOTT AVENUE City LINCOLN							Type of Ownership
5120 PRESCOTT AVENUE City LINCOLN					County		Nonprofit Corporation
						CASTER	
IDEN		State	Zip Code	5	State Where In	ncorporated	Other (specify):
		NE	68506-54	33	NEB	RASKA	
Fig	TIFY OFFICERS, DIRI	ECTORS, OR	PARTNERS OF 1	THE NONPROF	FIT ORGAN	IZATION	
Title	Name, Address, City,						
DIRECTOR	BRAD FORBES, 5		the second of the second second second				
VP FOR FINANCE	JUDY GLASS, 512						
BOARD PRESIDENT	GARY THURBER,						
BOARD MEMBER	DARRYL HUENER	RGARDT, 300	1 RIDGEGATE R	OAD, LINCOLI	N NE 68516		
			OF THE MOTOR V				
	•A*	ttach an add	itional sheet, if n	ecessary.			Registration Date or
Motor Vehicle Make	Model Year	Во	dy Type	Veh	nicle ID Numb	ber	Date of Acquisition, if Newly Purchased
FORD	2005	FREESTA	R SPORT SEL	2FM7	A52295BA2	8302	02/02/2018
							52,02,2010
		1					
xempt Uses of Motor Vehicle:	Educational	Religious	Charitable	Ceme	etery	Are the motor v as indicated?	vehicles used exclusively
Give detailed description of use, including a						YES	
ransportation of employees, or	fficers and/or boa		s to and from I	Lincoln and	Omaha	If No, give perc	
ompany related functions, cor	nventions and eve	ents.		ees to and fr	om	~%	
Under penalties of law, I decl also declare that I am duly au in membership or employmen sign Further	lare that I have examined uthorized to sign this exem int based on race, color, o	this application nption applicatio or national origin	and that it is, to the on, and that the organ	best of my knowl bization owning th	OM edge and belii ne above-listed	ef, true, complet I property does r	e, and correct. I
Under penalties of law, I decl also declare that I am duly au in membership or employment Sign Further	lare that I have examined uthorized to sign this exem int based on race, color, o	this application nption applicatio or national origin	and that it is, to the n, and that the orgar SEN	best of my knowl bization owning th	OM edge and belii ne above-listed	ef, true, complet d property does r	e, and correct. I not discriminate
Under penalties of law, I decl also declare that I am duly au in membership or employmen sign here Authorized Signature	are that I have examined uthorized to sign this exer nt based on race, color, o Muthor	this application nption application or national origin	and that it is, to the on, and that the organ	best of my knowl bization owning th	OM edge and belii ne above-listed	ef, true, complet d property does r	e, and correct. I not discriminate
also declare that I am duly au in membership or employment sign Fruce	are that I have examined uthorized to sign this exer nt based on race, color, o Muthor	this application nption application or national origin COUNTY TRE.	and that it is, to the on, and that the organ 	best of my knowl nization owning th IOR ACCOU	OM edge and belii ne above-listed	ef, true, complet d property does r	e, and correct. I not discriminate /26/2018
Under penalties of law, I decl also declare that I am duly au in membership or employment sign here Authorized Signature	are that I have examined uthorized to sign this exer nt based on race, color, o Mitty of Community	this application nption application or national origin COUNTY TRE. MENTS: Signa	and that it is, to the n, and that the organ SEN Title ASURER RECOM	best of my knowl nization owning th IOR ACCOL IMENDATION	edge and belie he above-listed	ef, true, complet d property does r	e, and correct. I not discriminate
Under penalties of law, I decl also declare that I am duly au in membership or employment sign here Authorized Signature	are that I have examined uthorized to sign this exer nt based on race, color, o Mitty of Community	this application nption application or national origin COUNTY TRE. MENTS: Signa	and that it is, to the on, and that the organ 	best of my knowl nization owning th IOR ACCOL IMENDATION	edge and belie he above-listed	ef, true, complet d property does r	e, and correct. I not discriminate /26/2018
Under penalties of law, I decl also declare that I am duly au in membership or employment sign here Authorized Signature	are that I have examined ithorized to sign this exer nt based on race, color, o FOR COM	this application nption application or national origin COUNTY TRE MENTS: MENTS: Signa UNTY BOAR	and that it is, to the n, and that the organ SEN Title ASURER RECOM	best of my knowle ization owning th IOR ACCOL IMENDATION	edge and belie ne above-listed	ef, true, complet d property does r	e, and correct. I not discriminate /26/2018
Under penalties of law, I decl also declare that I am duly au in membership or employment Sign Authorized Signature	are that I have examined ithorized to sign this exer nt based on race, color, o FOR COM	this application nption application or national origin COUNTY TRE MENTS: MENTS: Signa UNTY BOAR	and that it is, to the on, and that the organ 	best of my knowle ization owning th IOR ACCOL IMENDATION	edge and belie ne above-listed	ef, true, complet d property does r	e, and correct. I not discriminate /26/2018
Under penalties of law, I decl also declare that I am duly au in membership or employment Sign Authorized Signature	are that I have examined ithorized to sign this exer nt based on race, color, o FOR COM	ents. Ithis application Ithis application Inplion applicatio Inplion applicatio Ithis application Ithi	and that it is, to the on, and that the organ 	best of my knowle ization owning th IOR ACCOL IMENDATION	edge and belie ne above-listed	ef, true, complet d property does r	e, and correct. I not discriminate /26/2018

Applicant's Name Alzheimer's Association (Alzhe Street or Other Mailing Address 1500 South 70th Street, Suite 2 City Lincoln	m Motor Vehicle Imer's Disease a 201	ication for Exe Taxes by Qualifying N • To be filled with your county • Read instructions on revers and Related Disorders As State Zip Code NE 68506 CTORS, OR PARTNERS OF	onprofit Organizatio freasurer. e side. ssoc. Inc.) County Lar State Where I	ncaster ncorporated NE	FORM 457
Title	Name, Address, City, S				
Exectutive Director		1711 Arbor Street, Suite 110,	Omaha. NE 68144	••••	
Regional Development Director	*****	Arbor Street, Suite 110, Oma			
Program Director		1711 Arbor Street, Suite 110,			

		CRIPTION OF THE MOTOR V ach an additional sheet, if n			Registration Date or
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Num	ber	Date of Acquisition, if Newly Purchased
Toyota Camry	2004	4 Door Sedan	4T1BE32K34U93	6179	2/2018
Bulck Terraza	2005	4 Door Van	5GADV33L75D18	0220	2/2018
Chevy Uplander	2006	4 Door Van	1GND33L16D19	1074	2/2018
×		×			
Exempt Uses of Motor Vehicle:					ehicles used exclusively
Give detailed description of use, including an We utilize the vehicles to provide Alzheimer's disease and related and general public. They are als staff and equiptment to and from	explanation if multiple us education prese dementias to loca o used in our fun the event locatio	ntations and trainings re al care facilities, support draising and awareness	groups, individuals events to transport	%	NO entage of exempt use:
	orized to sign this exemp	tion application, and that the organ national origin.			
	FOR CO	OUNTY TREASURER RECOM	IMENDATION		
APPROVAL	COMM	ENTS:			
DISAPPROVAL		Signature of County Treas	hbh-	C	2-4-18 Date
	FOR COU	NTY BOARD OF EQUALIZAT	ION USE ONLY		
APPROVAL	COMM	ENTS:			
DISAPPROVAL					

Authorized Signature

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

Date

Nebraska Department of Revenue 96-253-2008 Rev. 8-2011 Supersedes 96-253-2008 Rev. 5-2009

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PLEASE RETAIN A COPY FOR YOUR RECORDS.

PROPERTY ASSESSMENT	Appl m Motor Vehicle	Taxes by Q • To be filed w • Read Instruct	tor Exe ualifying No ith your county to thons on reverse	onprofit O treasurer.	n rganizatio	ns	FORM 457
Applicant's Name Catholic Social Services							
Street or Other Mailing Address					County		Nonprofit Corporation
2241 O Street					Lan	caster	Other (specify):
City		State	Zip Code		State Where In	corporated	
Lincoln	1	NE	68510		Net	oraska	
	Y OFFICERS, DIRE	CTORS, OR PA	ARTNERS OF T	HE NONPRO	OFIT ORGAN	ZATION	
Title	Name, Address, Cily, S						
President	Bishop James D. Co		ridan Blvd, Linc	oln, NE 6850)6		
Vice President	Msgr. Timothy J. Th				506		
Secretary Treasurer	Rev. Christopher K.	Kubat 2241 O	Street, Lincoln,	NE 68510			
		SCRIPTION OF tach an additic					
Motor Vehicle Make	Model Year	Body	Туре	V	ehicle ID Numb	er	Registration Date or Date of Acquisition, If Newly Purchased
please see attached							1018
							Jan.
Give detailed description of use, including an We are consolidating our fleet lic Auburn, Hastings and Imperial ir transportating domestic violence recycling items. Picking up dona appointments and job interviews training and any crisis counselin Under penalties of law, I declar also declare that I am duly auti in membership or employment	explanation if multiple u censing into one a Lancaster Cour women with the tions for our thrif . Also transporti g needs.	location and hty. These v ir children to t stores. Tak ng our couns this application an aption application,	licensing ou ehicles are to safe environ ing clients to selors to me	ur vehicles used for nments. Ha o meetings etings, wor	auling , doctor kshops, wledge and bell	ef, true, complet	e, and correct. I not discriminate
sign $\left \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$	brecht		E	xecutive As	ssistant	1	/16/18
here Authorized Signature			Title			Date	
	FOR C	OUNTY TREAS	SURER RECON	MMENDATIO	N		
	COMM	/IENTS:					
DISAPPROVAL		Signati	And Jre of County Trea	Surer			
	FOR CO	UNTY BOARD			NLY		1
		MENTS:					
		Author	ized Signature				Date
Nebraska Department of Revenue				Authoriz	ed by Neb. Rev. Si	at. §§ 77-202(1)(c)	and (d), and 60-3, 185, and 60-3, 189

Nebraska Department of Revenue 96-253-2006 Rev. 8-2011 Supersedes 96-253-2006 Rev. 5-2009

	1			Registration		
				date or date of		
Motor Vehicle	Model	Body		acquisition, if	License	
Make	Year	Туре	Vehicle ID Number	purchased	Number	CSS id #
Dodge	1987	D100	1B7FD04T5HS528197	9/13/11 currently registered in Nemaha Co.	4948	386
GMC	1994	Cutaway Van G3500	1GDHG31K9RF521529	6/23/09 currently registered in Chase Co.	72C465	459
Dodge	1999	Sport Van	2B5WB35Z3XK560710	3/1/17 currently registered in Adams Co.	3691	256
Chevrolet	2000	Silverado C1500	1CGCEC14T2YE144087	1/23/15 currently registered in Adams Co.	3575	388
Isuzu	2001	NPR	JALC4B14717008571	2/23/07 currently registered in Adams Co.	3578	401
Dodge	2002	Caravan Sport	2B4GP44312R739258	10/22/13 currently registered in Chase Co.	5131	233
Southwest	2003	4 Wheel Enclosed	48BTE16253B033779	7/30/03 currently registered in Adams Co.		569
Chrysler		Town & Country Limited	2C8GP64L74R579600	8/27/14 currently registered in Nemaha Co.	4950	
Buick	2008	Terraza 5 CXL	5GADV33L55D197744	6/24/14 currently registered in Adams Co.	2101	213

V . 124

FAX No. 402 475 8721

p	002
11	00.

Nebraska Department of REVENUE PRODECTIVASSESSMENT	App m Motor Vehicl	lication for Exe e Taxes by Qualifying Not • To be filed with your county i • Read Instructions on reverse	onprofit O	N Organizations	^{FORM}
pplicant's Name Center Pointe	The				Type of Ownership
treet or Other Mailing Address	, 2014,			County	Nonprofit Corporation
2633 P St				LANCASTER	Other (specify):
ity		State Zip Code		State Where Incorporated	
LINCOLN		NE 68503 ECTORS, OR PARTNERS OF T			
itle	Name, Address, City,		HE NONPRO	OFIT ORGANIZATION	
TOPHER HANSEN			UE 684	505	
AMI LEWIS-AHRENDT	COO 2633	1 01 01	UE 685		
FEVEN SHIVELY	CFO 2633	P St LINCOLN. A	IE 6850	03	
	1				
	DE	SCRIPTION OF THE MOTOR V	EHICLES		
	•A	ttach an additional sheet, if no	ecessary.		Devictuation Date of
Motor Vehicle Make	Model Year	Body Type	v	ehicle ID Number	Registration Date or Date of Acquisition,
					If Newly Purchased
SEE ATTACHED					27011
rempt Uses of Motor Vehicle:]			Are the motor	vehicles used exclusively
	Educational	Religious 🛛 🔀 Charitable	Ce	metery as indicated?	
				PAYES	NO ·
ive detailed description of use, including an	explanation if multiple	use classifications exist:		12123	
TRANSPORTATION FOR C	LIENTS TO	APPOINTMENTS		If No, give per	rcentage of exempt use:
RANSPORMANON OF G	0005 10	PILOGRAM LOCATIO	NS		%
AINTENANCE					
1					
Inder penaltics of law 1 deals	are that I have examined	this application and that it is, to the	best of my kno	wledge and belief. true. comple	ete, and correct. I
also declare that I am duly aut	horized to sign this exer	mption application, and that the orga	nization owning	g the above-listed property does	s not discriminate
in membership or employmen	n uased on race, color,	or national origin.			
sign X	10.1	CFC)	1-	18.19
here Authorized Signature	and -	Title		Date	N Cal
	FOR	COUNTY TREASURER RECOM	MENDATIO	N .	
	FOR				
APPROVAL	COM	MENTS:			
		\sim	1	apart in the	
DISAPPROVAL			A_		1 77
		(mo	17	Shirs	1-23-
		Signature of County Trea	Isurer		Date
A	FOR CO	OUNTY BOARD OF EQUALIZA	TION USE O	DNLY V	
	COM	IMENTS:			
DISAPPROVAL					
			e		
		Authorized Signature			Date
			Authori	ized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3, 185, and 60-
lebraska Department of Revenue 6-253-2006 Rav. 8-2011 Supersedes 96-253-2006					
	PLE	ASE RETAIN A COPY FOR YOU	UR RECORD	15.	
					/
					(

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

CEO	Topher Hansen, 2633 P Street (03), Lincoln NE 68503
CFO	Steve Shively, 2633 P Street (03), Lincoln NE 68503

COO Tami Lewis Ahrendt, 2633 P Street (03), Lincoln NE 68503

DESCRIPTION OF THE MOTOR VEHICLES *Attach an additional sheet, if necessary.

			Registration Date or	
			Date of Acquisition, If	
Motor Vehicle Make	Model Year Body Type	Vehicle ID Number	Newly Purchased	Vehicle Use Description
Ford	2006 WSD	1FBNE31LX6HA99958	Feb-17	Transport clients to agency sponsored activities including rec therapy outings, community and medical appointments
Ford	2000 WSD	1FBSS31L9YHB28235		Maintenance
Dodge	2003 GSP	2D4GP44L03R202369	Feb-17	Transport clients to agency sponsored activities including rec therapy outings, community and medical appointments
Carr	2008 2WH	4YMUL10178M017208		Maintenance
Ford	2002 WSD	1FBSS31SX2HB36097	Feb-17	Transport clients to agency sponsored activities including rec therapy outings, community and medical appointments
Ford	2003 RNS	1FTZR45E43PB14944		Maintenance
Ford	2013 WSD	1FBSS3BL4DDB02058	Feb-17	Transport clients to agency sponsored activities including rec therapy outings, community and medical appointments
Dodge	2016 VAN Passenger	2C4RDGCG6GR370690	10/18/2017	Transport clients to agency sponsored activities including rec therapy outings, community and medical appointments

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Applicant's Name	om Motor Vehicle	Cation for Ex Taxes by Qualifying • To be filed with your cou • Read Instructions on rev	Nonprofit Organizations	101
A	OF BENEDIC	TINE SISTE	n e	Type of Ownership
Street or Other Mailing Address	T DENEDIC	INE JUSIE	County	Nonprofit Corporation
_5720 (A' ST.	·		LANCA	 March 1 (1997)
Sity / / AAA market		ale Zip C	de State Where Inco	
LINCOLN		<u>E 685</u>		
			FTHE NONPROFIT ORGANIZ	ATION
PRES.	Name, Address, City, St	And the second sec		
Treas,	SR. CHRIST		2200 5, LEW TINEZ " " "	15 TULSA, OK 74/14
			TIVEL	
		RIPTION OF THE MOTO		
	•Atta	ich an additional sheet, i	r necessary.	Registration Date or
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	
TOYOTA	2012	CAMRY	4 TIBFIFKOCU 10 68	
	· · · · · · · · · · · · · · · · · · ·			
· • • • • • • • • • • • • • • • • • • •			_	
empt Uses of Motor Vehicle:		·	1	re the motor vehicles used exclusively
ve detailed description of use, including a TRANS PORTATION ADMINISTRATIVE T STUDENT TRANS	TO/FROM SE TRIPS			No, give percentage of exempt use:
	are that I have examined th thorized to sign this exempt	ion application, and that the o	he best of my knowledge and belief, ganization owning the above-listed p	true, complete, and correct. I roperty docs not discriminate
also declare that I am duly au in membership or employmer	Ephen dars	Title		$\frac{2-1-18}{Date}$
in membership or employmen			OMMENDATION	<u>2-/-/8</u> Date
also declare that I am duly au in membership or employmen		UNTY TREASURER REC	OMMENDATION	<u>2-/-/8</u> Date
sign Authorized Signature	FOR CO	UNTY TREASURER REC		<u>2-1-18</u> Date 7-4-10
Authorized Signature	FOR CO	INTS:	Abby	<u>2-1-18</u> Date <u>2-4-18</u>
APPROVAL	FOR CO COMME	INTS:	Abby easurer	<u>2-1-18</u> Date <u>2-4-18</u> Date
APPROVAL	FOR CO COMME	INTS:	Abby easurer	<u>2-1-18</u> Date <u>2-4-18</u> Date
also declare that I am duly au in membership or employmer Sign Authorized Signature	FOR CO COMME	INTY TREASURER REC	Abby easurer	
Authorized Signature		INTY TREASURER REC	easurer ATTON USE ONLY	
APPROVAL		INTY TREASURER REC	easurer ATTON USE ONLY	

Nebraska Department of Revenue 96-253-2006 Rev. 6-2011 Supersedes 96-253-2005 Rev. 5-2009

PLEASE RETAIN A COPY FOR YOUR RECORDS.

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

7				
Nebraska Department of REVENUE PROPENTY ASSESSMENT	Application n Motor Vehicle Taxes by C • To be filed v • Read instru-	for Exemp Qualifying Nonpro with your county treasure actions on reverse side.	ofit Organizations	^{FORM}
S First Evangelical Covenar			County Lancaster	Type of Ownership Nonprofit Corporation
\overline{C} Lincoln, NE 68510	State	Zip Code	State Where Incorporated	
IDENTIF	Y OFFICERS, DIRECTORS, OR F	PARTNERS OF THE NO	ONPROFIT ORGANIZATION	х.
Chairperson			t.; Lincoln, NE 685	716
Treasurer	Julie Timme; 491	1 D. 6/m;L	ncoln, 12 68516	

Motor Vehicle Make	Model Year	Body Type	Necessary. Vehicle ID Nu	ımber	Registration Date o Date of Acquisition
Ford	2005	Van	1FBNE31LO	5H B00257	if Newly Purchased
σια					
					-
mpt Uses of Motor Vehicle:	Educational	Religious Charitab	le Cemetery	Are the motor v as indicated?	whicles used exclusively
ve detailed description of use, including	~ ~ ~			YES	NO
n is used to tran various religi			is to	If No, give perce	entage of exempt use:
				1	
Under penalties of law, I d	leclare that I have examine	d this application and that it is, to	the best of my knowledge and	belief, true, complete	e, and correct. I
also declare that I am duly	leclare that I have examine / authorized to sign this exe ment based on race, color,	d this application and that it is, to mption application, and that the o or national origin.	the best of my knowledge and ganization owning the above-I	belief, true, complete isted property does r	e, and correct. I not discriminate
also declare that I am duly in membership or employr	authorized to sign this exe ment based on race, color,	mption application, and that the o or national origin.	ganization owning the above-i	sted property does t	IDI discriminare
also declare that I am duly in membership or employr	authorized to sign this exe	mption application, and that the o or national origin.	the best of my knowledge and ganization owning the above-I	sted property does t	IDI discriminare
also declare that I am duly in membership or employr	v authorized to sign this exe ment based on race, color, while Bluy	mption application, and that the o or national origin.	Iffice Mar	sted property does t	ior discriminate
also declare that I am duly in membership or employr sign Authorized Signature	v authorized to sign this exe ment based on race, color, ULLA BUU FOR	mption application, and that the o or national origin. Title	Iffice Mar	sted property does t	ior discriminate
also declare that I am duly in membership or employr	v authorized to sign this exe ment based on race, color, ULLA BUU FOR	mption application, and that the o or national origin.	Iffice Mar	sted property does t	ior discriminate
also declare that I am duly in membership or employr sign Authorized Signature	v authorized to sign this exe ment based on race, color, ULLA BUU FOR	mption application, and that the o or national origin. Title	Iffice Mar	sted property does t	ior discriminate
also declare that I am duly in membership or employr ere Authorized Signature	v authorized to sign this exe ment based on race, color, ULLA BUU FOR	IMENTS:	ganization owning the above- office Mar ommendation A Abb	sted property does t	5-18 1-8-
also declare that I am duly in membership or employr Authorized Signature	v authorized to sign this exement based on race, color,	mption application, and that the o or national origin. Title	ganization owning the above- ommendation ommendation Gamma State Treasurer	sted property does t	ior discriminate
also declare that I am duly in membership or employr ere Authorized Signature	v authorized to sign this exement based on race, color, <u>INDUA</u> <u>Bluy</u> FOR COM FOR CO	mption application, and that the o or national origin. Title COUNTY TREASURER REC IMENTS: Signature of County OUNTY BOARD OF EQUALI	anization owning the above- applice Mar OMMENDATION OMMENDATION Commendation Comm	sted property does t	5-18 1-8-1
also declare that I am duly in membership or employr ere Authorized Signature	v authorized to sign this exement based on race, color, <u>INDUA</u> <u>Bluy</u> FOR COM FOR CO	mption application, and that the o or national origin. Title COUNTY TREASURER REC IMENTS: Signature of County	anization owning the above- applice Mar OMMENDATION OMMENDATION Commendation Comm	sted property does t	5-18 1-8-1
also declare that I am duly in membership or employ Authorized Signature	v authorized to sign this exement based on race, color, <u>INDUA</u> <u>Bluy</u> FOR COM FOR CO	mption application, and that the o or national origin. Title COUNTY TREASURER REC IMENTS: Signature of County OUNTY BOARD OF EQUALI	anization owning the above- applice Mar OMMENDATION OMMENDATION Commendation Comm	sted property does t	5-18 1-8-1
also declare that I am duly in membership or employr Authorized Signature APPROVAL DISAPPROVAL	v authorized to sign this exement based on race, color, <u>INDUA</u> <u>Bluy</u> FOR COM FOR CO	mption application, and that the o or national origin. Title COUNTY TREASURER REC IMENTS: Signature of County OUNTY BOARD OF EQUALI	ganization owning the above- OMMENDATION COMMENDATION Commendation C	sted property does t	5-18 1-8-1

KEVENUE	APP m Motor Vehicl	e Taxes by Qualifyin • To be filed with your co • Read instructions on ro	g Nonprofit (unty treasurer.) N Drganizatio	ns	FORM 457
Applicant's Name Street or Other Mailing Address Dity IDEN III	Lincoln, N	ead ery 34/0 St / 7 Pointe Road / 7	Code	State Where In		Type of Ownership
Tille Executive Presbyter	Name, Address, City, Mr. Richard 7916 Colby Lincoln, NE	State, Zip Code Wyatt St.				
		SCRIPTION OF THE MOT				
Motor Vehicle Make	Model Year	Body Type	20 I.2	Vehicle ID Numb	an generation and the trans	Registration Date or Date of Acquisition, if Newly Purchased 1-30-17
LNEVVDE		Courie >				
	/	Religious Chari		emetery	as indicated?	
transport material for provide carppoling for d activities and meetin Under penallies of law, I declar also declare that I am duly aut in membership or employment sign	di <i>splays and</i> hurch membe 295, re that I have examined porized to sign this exer	d presentations ers participat d this application and that it is, mption application, and that the or national origin.	to the best of my kn	es, and se- owledge and beli g the above-lister	If No, give perce	e, and correct. I not discriminate
transport material for provide carpooling for d activities and meeting Under penalties of law, I declar also declare that I am duly auth in membership or employment	displays and hurch member 295, The that I have examined horized to sign this exer based on race, color, a Mi Man	d presentations ers participat d this application and that it is, mption application, and that the or national origin.	th Church ing th these to the best of my kn organization ownin <u>cutive</u> Pr	es, and se owledge and beli g the above-lister resbyter	If No, give perce	e, and correct. I not discriminate
activiTies and meet in Under penalties of law, I declar also declare that I am duly auth in membership or employment sign	displays and hurch member 295, re that I have examined based on race, color, of William For a COM	d his application and that it is, mption application, and that it is, mption application, and that the or national origin. E_{Xee} Title COUNTY TREASURER RE MENTS: Signature of Count	th Church ang th These to the best of my kn organization ownin <u>cutive</u> Pr <u>ECOMMENDATIC</u> y Treasurer	es, and se owledge and beli g the above-lister <u>resbyter</u> DN	If No, give perce	e, and correct. I not discriminate
transport material Sor provide carpoling For d activities and meetin Under penalties of law, I declar also declare that I am duly auth in membership or employment sign here Approval	displays and hurch member 295, re that I have examined based on race, color, of William For a COM	d presentations ers participat d this application and that it is, mption application, and that the or national origin.	th Church ang th These to the best of my kn organization ownin <u>cutive</u> Pr <u>ECOMMENDATIC</u> y Treasurer	es, and se owledge and beli g the above-lister <u>resbyter</u> DN	If No, give perce	e, and correct. I not discriminate 29-18
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V

Nebraska Department of REVENUE	from Motor Vehicle	Taxes by Qual • To be filed with y • Read instruction	lifying Nonp our county treas s on reverse side	profit Org	- ganizatio	ons	^{FORM}
Applicant's Name	and the set of the set						Type of Ownership
LUX Center for the Arts							Nonprolit
Street or Other Mailing Address 2601 North 48th Street					County	ncaster	Corporation
Zoo i North 40th Street	S	tate	Zip Code	s	State Where I		Other (specify
Lincoln	-	NE	68504			peaska	
IDE	ENTIFY OFFICERS, DIREC	CTORS, OR PARTN	NERS OF THE N	NONPROF	TT ORGAN	IZATION	
Title	Name, Address, City, St	ate, Zip Code					
Executive Director	Susan McIntosh Kriz	, 2601 N 48th, Linc	oln, NE 68504				
Board Chair	Todd Rivers, 585 W.	Waverly Road, Ray	ymond, NE 684	28			
loard Vice Chair	Sherri Daubert, 9121	Pioneer Court, Lin	coln, NE 68520				
		CRIPTION OF THE				.e.	
	•Atta	ach an additional s	sheet, if necess	sary.			Registration Date or
Motor Vehicle Make	Model Year	Body Type		Veh	icle ID Num	per	Date of Acquisition, if Newly Purchased
ord	2008	E-250		1FTNE	24W88DB1	2955	02/04/2010
							4
empt Uses of Motor Vehicle:	l					Are the motor	vehicles used exclusively
F	X Educational	eligious 🗍 🤇	Charitable	Ceme	lenv	as indicated?	
ve detailed description of use, includin E USE THIS VAN TO TAKE	g an explanation if multiple use E ART CLASSES TO	SCHOOLS AN	D OTHER LO		·	VES If No, give perc	NO entage of exempt use;
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lebraska Department of REVENUE from	Appli m Motor Vehicle	cation for Ex Taxes by Qualifying I • To be filled with your count	Vonprofit O y treasurer.	N organizations	^{FORM} 457
ROPERTY ASSESSMENT plicani's Name		Read instructions on rever	se side.		Type of Ownership
Madonna Rehabilitation Hospit	al				Nonprofit
eet or Other Mailing Address				County	Corporation
401 South Street		71-0-1	-	Lancaster State Where Incorporated	Other (specify):
y inaaln		tate Zip Cod VE 68506		NE	
incoln		CTORS, OR PARTNERS OF		OFIT ORGANIZATION	
	Name, Address, City, St				
esident and CEO		outh Street, Lincoln, NE 685	506		
ief Financial Officer	Victor Witkowicz, 54	01 South Street, Lincoln, NE	68506		
	DES	CRIPTION OF THE MOTOR			
	•Att	ach an additional sheet, if	necessary.		Destaudies Date at
Motor Vehicle Make	Model Year	Body Type	v	ehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
	2017	4 door Fusion	3FA	6P0HD4HR179397	1/31/17
rd Fusion SE	2017				
	<u> </u>				
					vehicles used exclusively
described in 501(C)(3) of the Under penalties of law, I decla also declare that I am duly aut in membership or employment	re that I have examined t	this application and that it is, to t plion application, and that the org	he best of my kno ganization owning	owledge and belief, true, comple g the above-listed property does	ite, and correct. I not discriminate
sign Dhul/D		VP Fa	cility Syr	004	1/31/17
Authorized Signature		Title		Dato	
	FOR C	OUNTY TREASURER REC	OWINENDATIO		
APPROVAL	COMM	IENTS:			
DISAPPROVAL		Ady	Shb	kj	2-4-1
	FOR CO	Signature of County T		DINLY	Date
	101100				
	COMM	AENIS.			
	COMM	JENTO			
APPROVAL DISAPPROVAL	COMN	NENTS			
	COMN	Authorized Signature			Date

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MiddleCross Church of the street or Other Mailing Address			County		Nonprofit Corporation
2600 North 70th Street				ancaster	
ity	S	tate Zip Cod	State When	e Incorporated	Other (specif
Lincoln		NE 68507		lebraska	
		CTORS, OR PARTNERS OF		ANIZATION	
lle	Name, Address, City, St				
ad Pastor		North 87th Street, Lincoln N	E 68507		
easurer		0 Riveria Dr, Lincoln NE 685			
rector of Childcare Center		untington Ave, Lincoln NE 6			
	DES	CRIPTION OF THE MOTOR	VEHICI ES		
		ach an additional sheet, if		······	Registration Date
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Nu	Imber	Date of Acquisition if Newly Purchase
ord	2015	Transit Wagon	1FBZX2ZM0FK		1/2017
ord	2003	Eco Line Van	1FBSS31SX3H		1/2017
ord	1997	Eco Line Van	1FBJS31S9VH	B17427	1/2017
empt Uses of Motor Vehicle:				Are the motor y	whicles used exclusively
Agricultural/Horticultural	Educational X R	leligious 🗌 Charitable	Cemetery	as indicated?	
			,		
	ng an explanation if multiple us	e classifications exist:		YES	NO
ve detailed description of use, includir ansportation of children an	nd adults in the childca		religious and		entage of exempt use:
ve detailed description of use, includir ansportation of children an	nd adults in the childca		religious and	If No, give perc	entage of exempt use:
ive detailed description of use, includir ransportation of children an ducational groups of the ch	nd adults in the childca nurch.	are center and for othe		If No, give perc	entage of exempt use:
ive detailed description of use, includir ansportation of children an ducational groups of the ch Under penalties of law, I o also declare that I am du	declare that I have examined th	are center and for othe	best of my knowledge and b	If No, give perc	entage of exempt use:
Under penaltiles of faw, I of also declare that I am dur in membership or employ	declare that I have examined th y authorized to sign this exempt	are center and for othe	best of my knowledge and b	If No, give perc %	entage of exempt use:
ve detailed description of use, includir ansportation of children an lucational groups of the ch Under penalties of taw, I o also declare that I am dur in membership or employ	declare that I have examined th y authorized to sign this exempt	are center and for othe	best of my knowledge and b nization owning the above-lis	If No, give perc %	entage of exempt use: e, and correct. I lot discriminate
Under penaltiles of faw, I of also declare that I am dur in membership or employ	declare that I have examined th y authorized to sign this exemp ment based on race, color, or n	are center and for othe lis application and that it is, to the fon application, and that the organitional origin.	best of my knowledge and b nization owning the above-lis Lead Pastor	If No, give perc	entage of exempt use: e, and correct. I not discriminate
Under penaltiles of faw, I of also declare that I am durin membership or employ	declare that I have examined th y authorized to sign this exemp ment based on race, color, or n	are center and for othe his application and that it is, to the tion application, and that the organitional origin. Title	best of my knowledge and b nization owning the above-lis Lead Pastor	If No, give perc	entage of exempt use: e, and correct. J tot discriminate
Under penaltiles of law, I of also declare that I am during membership or employ	declare that I have examined th y authorized to sign this exemp ment based on race, color, or r	are center and for othe his application and that it is, to the tion application, and that the organitional origin. Title	best of my knowledge and b nization owning the above-lis Lead Pastor	If No, give perc	entage of exempt use: e, and correct. I not discriminate
Under penaltiles of law, I of also declare that I am durin membership or employ	declare that I have examined th y authorized to sign this exemp ment based on race, color, or r	are center and for othe his application and that it is, to the tion application, and that the organitional origin. Title	best of my knowledge and b nization owning the above-lis Lead Pastor	If No, give perc	entage of exempt use: e, and correct. J tot discriminate
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Under penalties of faw, for also declare that J am dur in membership or employ Authorized signature	declare that I have examined th y authorized to sign this exemp ment based on race, color, or r	are center and for othe	best of my knowledge and b nization owning the above-lis Lead Pastor MMENDATION	If No, give perc	entage of exempt use: e, and correct. I not discriminate 1/5/18
Under penalties of faw, for also declare that J am dur in membership or employ Authorized signature	declare that I have examined th y authorized to sign this exemp ment based on race, color, or r FOR CO	are center and for othe	best of my knowledge and b nization owning the above-lis Lead Pastor MMENDATION	If No, give perc	entage of exempt use: e, and correct. J tot discriminate
Under penalties of faw, for also declare that J am dur in membership or employ Authorized signature	declare that I have examined th y authorized to sign this exemp ment based on race, color, or r FOR CO	are center and for othe	best of my knowledge and b nization owning the above-lis Lead Pastor MMENDATION	If No, give perc	entage of exempt use: e, and correct. I not discriminate 1/5/18
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Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations • To be filed with your county treasurer. • Read instructions on reverse side.

Nebraske Department of REVENUE PROPERTY ASSESSIMENT

Applicant's Name

PLEASE HETAIN A COPY FOR YOUR RECORDS.

FORM 457

Type of Ownership

ebraska Department of REVENUE	from Motor Vehicle Ta	ation for Exe to be filed with your county Read instructions on rever	Vonprofit Organiza	ations	борм 457
pplicant's Name					Type of Ownership
MOUNT ZION BAPTIST C	HURCH				Nonprofit
reet or Other Mailing Address	ст		County	NCASTER	Corporation
3301 NORTH 56TH STRE	⊑ I State	Zip Code		ere Incorporated	Other (specify)
	NE			EBRASKA	
	ENTIFY OFFICERS, DIRECTO	ORS, OR PARTNERS OF	THE NONPROFIT ORC	GANIZATION	
le	Name, Address, City, State	, Zip Code			
EASURER		, 3200 CENTER STREET			
HAIR TRUSTEE		, 6121 AYLESWORTH, LI			
ASTOR	REV. DR. MICHAEL W.	. COMBS, 2501 SOUTH 7	61H STREET, LINCOL	N, NE 68506	
		IPTION OF THE MOTOR			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID N	lumber	Registration Date or Date of Acquisition,
	2015	T 350	1FB2X2YM1F	KA72400	if Newly Purchased
DRD DRD	2015	E 450	1FDXE45S85		Feb 2012
	2000				PUI
					vehicles used exclusively
	ing an explanation if multiple use c				NO rcentage of exempt use: %
ve detailed description of use, includi EHCLES ARE USED ONL Under penalties of law, I also declare that I am du	ing an explanation if multiple use c	application and that it is, to th n application, and that it he org	IES.	If No, give per	rcentage of exempt use: % ete, and correct. I
ve detailed description of use, includi EHCLES ARE USED ONL Under penalties of law, I also declare that I am du in membership or employ sign	ing an explanation if multiple use c Y FOR CHURCH SERV declare that I have examined this a ly authorized to sign this exemption	lassifications exist: /ICES AND ACTIVIT application and that it is, to th n application, and that the org ional origin.	IES.	If No, give per If No, give per d belief, true, complet listed property does	rcentage of exempt use: % ete, and correct. I
Under penalties of law, I also declare that I am du in membership or employ	declare that I have examined this ly authorized to sign this exemption yment based on race, color, or nat	application and that it is, to the napplication and that it is, to the napplication, and that the orgional origin.	IES. e best of my knowledge and anization owning the above TREASURER	If No, give per	rcentage of exempt use: % ete, and correct. I
ve detailed description of use, includi EHCLES ARE USED ONL Under penalties of law, I also declare that I am du in membership or employ sign	declare that I have examined this ly authorized to sign this exemption yment based on race, color, or nat	lassifications exist: /ICES AND ACTIVIT application and that it is, to th n application, and that the org ional origin.	IES. e best of my knowledge and anization owning the above TREASURER	If No, give per If No, give per d belief, true, complet listed property does	rcentage of exempt use: % ete, and correct. I
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Under penalties of law, I also declare that I am du in membership or employ Authorized Signature	declare that I have examined this ly authorized to sign this exemption yment based on race, color, or nat reet Authorized to sign the second reet Authorized to	Application and that it is, to the application and that it is, to the application, and that it is, to the application, and that the orgional origin.	IES. e best of my knowledge and anization owning the above TREASURER DMMENDATION	If No, give per If No, give per d belief, true, complet listed property does	rcentage of exempt use: % ete, and correct. I s not discriminate <u>1-2018</u>
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Under penalties of law, I also declare that I am du in membership or employ Authorized Signature	declare that I have examined this is authorized to sign this exemption yment based on race, color, or nate record of the color of the c	Application and that it is, to the application and that it is, to the application, and that it is, to the application, and that the orgional origin.	IES. e best of my knowledge and anization owning the above TREASURER MMENDATION Assurer ATION USE ONLY	If No, give per If No, give per d belief, true, complet listed property does	rcentage of exempt use: % ete, and correct. I s not discriminate <u>1-2018</u>
Under penalties of law, I also declare that I am du in membership or employ Authorized Signature APPROVAL	declare that I have examined this is authorized to sign this exemption yment based on race, color, or nate record of the color of the c	application and that it is, to the napplication and that it is, to the napplication, and that it is, to the napplication, and that the orgional origin.	IES. e best of my knowledge and anization owning the above TREASURER MMENDATION Assurer ATION USE ONLY	If No, give per If No, give per d belief, true, complet listed property does	rcentage of exempt use: % ete, and correct. I s not discriminate <u>1-2018</u>
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Applicant's Name Tabitha, INC. Street or Other Mailing Address Twpe of Ownership 4720 Randolph St. City Lancastev DESCRIPTION OF THE MOTOR VEHICLES •Attach an additional sheet, if necessary.		m Motor Vehic	lication for Ex le Taxes by Qualifying N • To be filed with your count	Nonprofit Organizati	ons	^{FORM}
IDENTIFY OFFICERS, DRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION THE NONPROFIT ORGANIZATION INTERCORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION INTERCORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION OFFICE OF THE NONPROFIT ORGANIZATION OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF THE MOTOR VEHICLES Attach an additional sheet, If necessary. Motor Vehicle ID Number Provide Make Motor Vehicle ID Number OFFICE	Applicant's Name Tabitha, In Street or Other Mailing Address 4720 Rando	lc. Iph St. NE		County		Type of Ownership
Attach an additional sheet, if necessary. Motor Vehicle Make Model Year Body Type Vehicle ID Number Protect Acquisition, The set of Acquisition, The set	Title President	Name, Address, City, Christie Hi	ECTORS, OR PARTNERS OF	4720 Randalph	, Lincoln,	
Motor Vehicle Make Model Year Body Type Vehicle ID Number Date of Acquisition F0RD TITINASIT Connect XIT 20110 SPULT VAIN NM00GE9F73G12H7844 12/22/17 Exempt Uses of Motor Vehicle:						
Exempt Uses of Motor Vehicle: Are the motor vehicles used exclusively Agricultural/Horticultural Educational Religious Charitable Cemetery Give detailed gescription of use, including an explanation if multiple use classifications exist: WYES NO USEO For prick up and of USW explore and that it is, to the best of my knowledge and belief, true, complete, and correct.1 INo, give percentage of exempt use:			Body Type SPILLT VAN	Vehicle ID Num	1247846	
Agricultural/Horticultural Educational Religious Charitable Cemetery as indicated? Agricultural/Horticultural Educational Religious Charitable Cemetery as indicated? Agricultural/Horticultural Give detailed gescription of use, including an explanation if multiple use classifications exist: USEO FOT PICK UP QMO OF UNV of QMV able Medical QUIPMent INO, give percentage of exempt use: Vestor For Country and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin, Authorized Signature FOR COUNTY TREASURER RECOMMENDATION Approval COMMENTS: Signature of County Treasurer Signature of County Treasurer Date	3					
Used for pick up and delivery of durable Mcdical equipment in No, give percentage of exempt use:	Agricultural/Horticultural				as indicated?	_
also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin. Sign Authorized Signature FOR COUNTY TREASURER RECOMMENDATION Approval COMMENTS: Disapproval Signature of County Treasurer Date		1 1 1	1 1 1 ma	1. and Cortions	A	
COMMENTS:					If No, give perce	entage of exempt use:
DISAPPROVAL	Under penalties of law, I declar also declare that I am duly aut in membership or employment sign	re that I have examined porized to sign this exem	this application and that it is, to the nption application, and that it he organ r national origin.	e best of my knowledge and be anization owning the above-liste	If No, give perce	entage of exempt use: , and correct, I of discriminate
	Under penalties of law, I declar also declare that I am duly aut in membership or employment sign	re that I have examined torized to sign this exen based on race, color, c	this application and that it is, to the organization, and that it is, to the organ rational origin.	e best of my knowledge and be anization owning the above-liste s ³ Supply Muin 1	If No, give perce	entage of exempt use: , and correct, I of discriminate
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COMMENTS:	Under penalties of law, I decla also declare that I am duly auti in membership or employment sign here Authorized Signature	re that I have examined horized to sign this exen based on race, color, c FOR C COMM	this application and that it is, to the nption application, and that the orga or national origin.          PMMuul         Title         COUNTY TREASURER RECOMMENTS:         Signature of County Tree	e best of my knowledge and be anization owning the above-liste s ³ Supply Muint MMENDATION	If No, give perce	entage of exempt use:
DISAPPROVAL	Under penallies of law, I decla also declare that I am duly auti in membership or employment Sign Authorized Signature Authorized Signature	re that I have examined orized to sign this exen based on race, color, c FOR C COMM	this application and that it is, to the organ the organ of the organ o	e best of my knowledge and be anization owning the above-liste S ³ Supply Main 1 MMENDATION MMENDATION Assurer TION USE ONLY	If No, give perce	entage of exempt use:
Authorized Signature Date	Under penallies of law, I decla also declare that I am duly auti in membership or employment Authorized Signature Authorized Signature DISAPPROVAL	re that I have examined orized to sign this exen based on race, color, c FOR C COMM	this application and that it is, to the organ the organ of the organ o	e best of my knowledge and be anization owning the above-liste S ³ Supply Main 1 MMENDATION MMENDATION Assurer TION USE ONLY	If No, give perce	entage of exempt use:

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Nebraska Department of REVENUE PROPERTY ASSESSMENT	Appl om Motor Vehicle	ication for Exe Taxes by Qualifying N • To be filed with your county • Read instructions on revers	onprofit Organizations	гогм 457
Applicant's Name				Type of Ownership
Union College				Nonprofit
Street or Other Mailing Address			County	Corporation
3800 South 48th Street			Lancaster	Other (specify):
City	Ş	State Zip Code	State Where Incorporated	
Lincoln	1	NE 68506	Nebraska	
IDENT	FY OFFICERS, DIRE	CTORS, OR PARTNERS OF	THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, S	State, Zip Code		
President	Vinita Sauder, 3800	South 48th Street, Lincoln, N	E 68506	
Secretary / Treasurer	Steve Trana, 3800 S	South 48th Streeet, Lincoln, N	E 68506	
VP for Academic Administration	Frankie Rose, 3800	South 48th Street, Lincoln, NI	E 68506	
		SCRIPTION OF THE MOTOR tach an additional sheet, if n		
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
See Attached				
				in is
				10,00

Vehicles are used: in the maintenance of the campus, procurment of supplies, and transportation of our students.

Religious

Charitable

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here Authorized Signature	Controller	1/19/18
here Authorized Signature	Title	Date
	FOR COUNTY TREASURER RECOMMENDATION	× 2
APPROVAL	COMMENTS:	
	Signature of County Treasurer	1-19-18 Date
	FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
	COMMENTS:	
	Authorized Signature	Date
Nebraska Department of Revenue	Authorized by Neb. Rev. Stal	t. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,

96-253-2006 Rev. 8-2011 Supersedes 96-253-2006 Rev. 5-2009

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural

X Educational

Give detailed description of use, including an explanation if multiple use classifications exist:

PLEASE RETAIN A COPY FOR YOUR RECORDS.

Are the motor vehicles used exclusively

NO

as indicated?

X YES

Cemetery

Motor Vehicle Make		Model Year	BODY TYPE	Vehicled ID Number	DEPT. ASSIGNED	COLOR	Plate
Ford Dump Truck	*	1972	Dump truck	F61EVN01484	Plant Service	Yellow	2569
Chevy 1 1/4 Ton Truck	*	1985	Truck	1GCGD34J8FF351462	Plant Service	Camo	2571
Chevy 1 1/4 Ton Truck	*	1986	Truck	1GBHD34J4GF422540	Plant Service	Tan/Green	2572
Ford Ranger	*	1993	Pick up	1FTCR10A3PUD65566	Plant Service	Green	2573
Ford Ranger	*	1994	Pick up	1FTCR10AXRPA16325	Plant Service	Blue	2574
Ford Pickup	*	1996	Pick up	1FTHX25H6TEA80226	Campus ministry	Gray/White	2575
GMC	*	1997	Cargo Cutaway	1GDKP32Y5V3503114	Union Market	White	2576
Plymouth Grand Voyager	*	1998	Sports Van	1P4GP44G2WB532285	Transportation	Purple	2577
GMC Sonoma PU	*	1998	Pick up	1GTCS1448WK523855	Plant Service	Dk Blue	2578
Chevy Cargo Van	*	1999	Van	1GCGG25W8X1100791	Plant Service	Black	2579
Chevy Step Van	*	1999	Van	1GBHG31F2X109090957	Plant Service	Blue	2580
Ford DRW Super Duty F350 (12 ton)	*	2000	Pick up	1FDWF36FOYEB79799	Plant Service	White	2581
Chevy Cargo Van	*	2000	Van	1GCFG15W9Y1147450	Plant Service	White	2582
Ford Van	*	2005	Van	1FBNE31LX5HA65565	Transportation	White	UGV 070
Ford Econoline E350 van	*	2006	Van	1FBNE31L46DB40981	Transportation	White	UGV 067
Ford Econoline E350 van	*	2011	Van	1FBNE3BL7BDA67775	Transportation	White	UGU 994
Ford Transit T-350	*	2016	Passenger Van	IFBZX2CG8GKA83476	Transportation	White	UGU995
Ford Escape	*	2004	Sports Utility	1FMYU03144KA15442	Plant Service	Dark Blue	2583
MCI	*	1999	BUS	1M8TRMPA4XP060486	Transportation	White Wrap	UGV 072
H&H Trailer (for VW)	*	2012	Trailer	533TC2622CC211600	Enrollment Srvcs	White	XPJ 293
Haulmark Trailer (7'x12')	*	2013	Trailer	16HPB1222DH202284	IRR	Black	XPJ 294
Trailer (Gymnastics Equip)		1980	Trailer	4W0500M000044446	Plant Service	Red	XNX 282
H&H Trailer Transportation	*	2015	Trailer	533TC1227FC44354	Transportation	White	XJP 295
5x8 Carry-On Utility Landscape Trailer	no title	2014	Trailer	4YMUL081XEM005211	Plant Service		XJP 296
H&H Horton Hauler		2017	Trailer	5E2B11426H1055041	Gymnastics	TAN	XPL 398
Dump Trailer	*	2016	Trailer	4ZEDT1423G1102385	Plant Service		XPJ 297
5x8 Carry-On Utility Landscape Trailer	no title	2014	Trailer	4YMUL081XEM005239	Plant Service		XPJ 298