

File with
Your County
Assessor

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 United Yezidi Community Of America, Inc.		County Name Lancaster	Tax Year 2017
Name of Owner of Property United Yezidi Community Of America, Inc.		State Where Incorporated Ne	
Street or Other Mailing Address of Applicant 305 West Belmont Ave		Total Actual Value of Real and Personal Property \$ 150,500.00	Parcel ID Number 05-28-300-077
City Lincoln	State Ne	Zip Code 68521	Contact Name Khalaf Hesso
Type of Ownership		Phone Number 402-310-3703	

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Khalaf Hesso	President	305 W. Belmont Ave, Lincoln NE 68521
Alia Halo	Secretary	2908 Merrill St Lincoln NE 68503
Haider Muneer	Vice President	2430 Vine St Lincoln NE 68503

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

S28,T11,R5,6th Principle Meridian, LOT 33 SW

RECEIVED

DEC 22 2016

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

- Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

NORMAN H. AGENA
LANCASTER COUNTY ASSESSOR/
REGISTER OF DEEDS

Give a detailed description of the use of the property:

Parking lot as the County required us to do so before the land can be turned into cemetery from agriculture. As soon as the parking is complete the County will issue us cemetery permit.

This Land will be used as a community cemetery. Right now we are working on making

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

Authorized Signature

Title

Date

[Signature] **President** **12/22/16**

Retain a copy for your records.

For County Assessor's Recommendation

Approval

COMMENTS: _____

Approval of a Portion

Denial

Signature of County Assessor

Date

[Signature] **5/19/17**

For County Board of Equalization Use Only

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.

Approved

COMMENTS: _____

Approval of a Portion

Denied

Signature of County Board Member

Date

[Signature] **6/6/17**

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.