

**NEBRASKA**

Good Life. Great Service.

DEPARTMENT OF REVENUE

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

• To be filed with your county treasurer.  
• Read instructions on reverse side.

**FORM  
457**

Name of Organization <b>Sesostris Shrine Holding Company</b>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name <b>Lancaster</b>	State Where Incorporated <b>NE</b>
Street or Other Mailing Address <b>1050 Saltillo Road</b>		Contact Name <b>Keith Plummer</b>	Phone Number <b>402-474-6890</b>
City <b>Roca</b>	State <b>NE</b>	Zip Code <b>68430</b>	Email Address <b>keith.plummer@sesostrisshrine.org</b>

### Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Potentate	Richard Eggerling, 5554 Chancery Rd., Lincoln, NE 68521
Treasurer	Henry Schultz, 5240 La Salle, Lincoln, NE 68516
Secretary	Bill Cummins, 9620 South 30th St., Lincoln, NE 68516

### 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
Dodge	2018	Van Passenger	2C4RDGBG4JR180234	January
Dodge	2018	Van Passenger	2C4RDGBG2JR134319	January
Dodge	2011	Wagon	2D4RN5DG2BR6296719	January
Dodge	2012	Wagon	2C4RDGDG9CR179242	January
Dodge	2016	Wagon	2C4RDGCG0GR354484	January

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society   
  Educational   
  Religious   
  Charitable   
  Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:  
 Participate in parades, promote Shriners Hospitals and Shrine activities, transport Shrine patients and their families to Shriners Hospitals for Children.

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.

**sign here**

DocuSigned by:

*Keith Plummer*

3854B0450AFE4C7...

I am authorized to sign this exemption application.

Office Manager

1/24/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

*Rachel M. Damer*

BFE39B02E1D7403...

1/25/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

## Hospital Vehicle Listing

Vehicle Make	Model Year	Body Type	Vehicle ID	License #	Name	Value
Dodge	2011	Wagon	2D4RN5DG2BR6296719	2542	Hospital-Columbus	29955
Dodge	2012	Wagon	2C4RDGDG9CR179242	2543	Hospital-Charcoal	25750
Dodge	2018	Van Passenger	2C4RDGBG4JR180234	2204	Hospital-Norfolk	28937
Dodge	2018	Van Passenger	2C4RDGBG2JR134319	2205	Hospital-Granite	28437

## Registration Vehicle Listing

Vehicle Make	Model Year	Body Type	Vehicle Id	License #	Name	Value
Dodge	2016	Wagon	2C4RDGCG0GR354484	2544	Charcoal	26945
Dodge PU	1976	Pick Up	D14BE6S254436	2545	Keystone Kops	0
Chevrolet	2003	Dr Ext Cab	2GCEC19T0311803	2546	Gray General	12995
Chrysler	2010	town/Country	2A4RR5D16AR137474	2548	Silver General	27893

## Registration Listing - Trailers

Vehicle Make	Model Year	Body Type	Vehicle ID	License #	Name	Value
Home Made Trailer	1980	2 wheel utility	2W0MINH000002861	XPJ 984	Temple	750
Home Made Trailer	1986	2 wheel utility	621 TRLR	XPJ 985	RR Trailer	1500
Home Made Trailer	1999	2 wheel utility 4X8	none	XPJ 975	Grill	1000
Home Made Trailer	2003	5X8 Trailer	none	XPJ 993	Calliope	12000
Home Made Trailer	2011	8X16 2 wheel	none	XPJ 994	Keystone Kops	750
Carry On Trailer	2000	5X10 2 wheel Trlr	4YMUK1012YH031481	XPJ 988	Football Float	585
Carry On Trailer	2007	Utility	4YMUL14167M043985	XP J989	Hillbilly Model T	1310
Continental	2001	Utility	4X4TSE41X1N019404	XPJ 990	Rit Divan	3000
Home Made Grill Trlr	2008	2 wheel #790	none	XPJ 991	Temple	2000
Aluma Utility Trailer	2017	Utility	1YGUS1019HB156386	XPI 743	Hospital Float	1470

**NEBRASKA**

Good Life. Great Service.

DEPARTMENT OF REVENUE

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

• To be filed with your county treasurer.  
• Read instructions on reverse side.

**FORM  
457**

Name of Organization <b>MOUNT ZION BAPTIST CHURCH</b>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property <b>MOUNT ZION BAPTIST CHURCH</b>		County Name <b>LANCASTER</b>	State Where Incorporated <b>NEBRASKA</b>
Street or Other Mailing Address <b>3301 NORTH 56TH STREET</b>		Contact Name <b>MARGARET STYLES</b>	Phone Number <b>402-770-2421</b>
City <b>LINCOLN</b>	State <b>NE</b>	Zip Code <b>68504</b>	Email Address <b>mtzionbc@windstream.net</b>

**Identify Officers, Directors, or Partners of the Nonprofit Organization**

Title	Name, Address, City, State, Zip Code
TREASURER	MARGARET J STYLES, 3200 CENTER STREET, LINCOLN, NE 68503
CHAIR TRUSTEE	CHARLES ROBINSON, 6121 AYLESWORTH, LINCOLN, NE 68505
PASTOR	REV. DR. MICHAEL W. COMBS, 2501 SOUTH 76TH STREET, LINCOLN, NE 68506

**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	2015	T 350	1FB2X2YM1FKA72400	FEB 2019
FORD	2005	E 450	1FDXE45S85HB19856	FEB 2019

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society   
  Educational   
  Religious   
  Charitable   
  Cemetery

Are the motor vehicles used exclusively as indicated?

- YES   
  NO

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

VEHICLES ARE USED ONLY FOR CHURCH SERVICES AND ACTIVITIES.

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.

**sign here**

DocuSigned by:

*Margaret Styles*

83473C2AEBFA4EB...

Authorized to sign this exemption application.

TREASURER

1/24/2019

Title

Date

**For County Treasurer Recommendation**

Approval

Comments: \_\_\_\_\_

Disapproval

DocuSigned by:

*Robert N. Lane*

BFE39B02E1D7403...

1/25/2019

Date

**For County Board of Equalization Use Only**

Approval

Comments: \_\_\_\_\_

Disapproval

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**NEBRASKA**

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DEPARTMENT OF REVENUE

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

• To be filed with your county treasurer.  
• Read instructions on reverse side.

**FORM  
457**

Name of Organization <b>LUX Center for the Arts</b>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property <b>LUX Center for the Arts</b>		County Name <b>Lancaster</b>	State Where Incorporated <b>NE</b>
Street or Other Mailing Address <b>2601 North 48th Street</b>		Contact Name <b>Susan McIntosh Kriz</b>	Phone Number <b>4024668692</b>
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68504</b>	Email Address <b>susankriz@luxcenter.org</b>

**Identify Officers, Directors, or Partners of the Nonprofit Organization**

Title	Name, Address, City, State, Zip Code
Board Chair	Sherri Daubert, 9121 Pioneer Court, Lincoln, NE 68520
Executive Director	Susan McIntosh Kriz, 2601 N 48, Lincoln, NE 68504

**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	2008	E-250	1FTNE24W88DB12955	02/04/2010

Exempt Uses of Motor Vehicle:

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 detailed description of use, including an explanation if multiple use classifications exist:  
 We use this van to take art classes to schools and other locations in the community and to transport art for our gallery.

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 sign this exemption application.

**sign here**

DocuSigned by:

*Susan McIntosh Kriz*

AE8D816F114B484...

Executive Director

1/23/2019

Title

Date

**For County Treasurer Recommendation**

Approval

Comments: \_\_\_\_\_

Disapproval

DocuSigned by:

*Rachel Garner*

BFE39B02E1D7403...

urer

1/23/2019

Date

**For County Board of Equalization Use Only**

Approval

Comments: \_\_\_\_\_

Disapproval

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

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NEBRASKA

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DEPARTMENT OF REVENUE

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

• To be filed with your county treasurer.  
• Read instructions on reverse side.

FORM  
457

Name of Organization Lincoln / Lancaster County Habitat for Humanity		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 4615 Orchard St		Contact Name Josh Hanshaw	Phone Number 402-480-6196
City Lincoln	State NE	Zip Code 68503	Email Address jhanshaw@lincolnhabitat.org

### Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Matt Kasik 7140 Hampton Rd Lincoln, NE 68506
1st Vice President	Michaela Kumke 4107 S 20th St Lincoln Ne 68502
Treasurer	Steve Semke 3901 S 78th St Lincoln Ne 68506
Secretary	Vicki Obrecht 2990 S 40th St Lincoln, NE 68506

### 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
Dodge	2012	Pick up	3C6LD5ATXCG162166	1/18/2019

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society     Educational     Religious     Charitable     Cemetery

Are the motor vehicles used exclusively as indicated?  
 YES     NO

Give detailed description of use, including an explanation if multiple use classifications exist:  
 Non Profit homebuilder & mortgage lender for low-income families.

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.

sign here

DocuSigned by:

*Joshua H Hanshaw*

50189EDE1D384B0...

I hereby declare and agree to sign this exemption application.

Executive Director

1/25/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

*Rachael Miller*

EA84D5B40FF8496...

Treasurer

1/25/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

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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.

**FORM  
457**

Name of Organization <b>ADVENTSOURCE INC</b>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property <b>ADVENTSOURCE INC</b>		County Name <b>LANCASTER</b>	State Where Incorporated <b>NEBRASKA</b>
Street or Other Mailing Address <b>5120 PRESCOTT AVENUE</b>		Contact Name <b>BRUCE GRIFFITH</b>	Phone Number <b>402-486-8813</b>
City <b>LINCOLN</b>	State <b>NE</b>	Zip Code <b>68506</b>	Email Address <b>bruce@adventsource.org</b>

**Identify Officers, Directors, or Partners of the Nonprofit Organization**

Title	Name, Address, City, State, Zip Code
DIRECTOR	BRAD FORBES 5120 PRESCOTT AVE LINCOLN NE 68506
CHIEF FINANCIAL OFFICER	JUDY GLASS 5120 PRESCOTT AVE LINCOLN NE 68506
BOARD PRESIDENT	ALEX BRYANT 9705 PATUXENT WOODS DR COLUMBIA MD 21046
BOARD MEMBER	DARRYL HUENERGARDT 3001 RIDGEGATE RD LINCOLN NE 68516

**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	2005	FREESTAR	2FMZA052295BA28302	02/20/2018

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society   
  Educational   
  Religious   
  Charitable   
  Cemetery

Are the motor vehicles used exclusively as indicated?

YES     NO

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

Vehicle is used for AdventSource business purposes only. This would include transportation of employees, officers and board members to and from Lincoln and Omaha airports, the running of business related errands and transport of employees to and from company related functions, conventions and events.

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.

DocuSigned by: \_\_\_\_\_ authorized to sign this exemption application.

**sign here**

*Bruce Griffith*

79E4D7FDD4E747A...

Senior Accountant

Title

1/23/2019

Date

**For County Treasurer Recommendation**

Approval

Comments: \_\_\_\_\_

Disapproval

DocuSigned by:

*Rachel Garrow*

BFE39B02E1D7403...

urer

1/23/2019

Date

**For County Board of Equalization Use Only**

Approval

Comments: \_\_\_\_\_

Disapproval

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

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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.

FORM  
457

Name of Organization First Evangelical Covenant Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 6024 L St		Contact Name	Phone Number
City Lincoln	State NE	Zip Code 68510	Email Address office@firstcovenantlincoln.org

### Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Chair Person	Susie Carlson; 2407 N 76th St., Lincoln, NE 68507
Treasurer	Bob Timme; 4911 S 67th, Lincoln, NE 68516

### 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	2005	Van	1FBNE31L05HB00257	2-21-06

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society     Educational     Religious     Charitable     Cemetery

Are the motor vehicles used exclusively as indicated?

- YES     NO

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

Van is used to transport children and adults to various religious activities and events.

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.

DocuSigned by:

gn this exemption application.

sign here

*Jessa Gene Harris*

5EEF49C116D048A...

Office Manager

1/25/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

*Rachel M Davis*

BFE39B02E1D7403...

1/25/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS  
MVER

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NEBRASKA

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DEPARTMENT OF REVENUE

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

• To be filed with your county treasurer.  
• Read instructions on reverse side.

FORM  
457

Name of Organization Alzheimer's Association		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 1500 S 70th Street, Suite 201		Contact Name Melanie Roberts	Phone Number 402-260-7910
City Lincoln	State NE	Zip Code 68506	Email Address mmroberts@alz.org

### Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Executive Director	Sharon Stephens, 11711 Arbor Street, Suite 110, Omaha, NE 68144
Development Director	Erinn Drouin, 1500 S 70th Street, Suite 201, Lincoln, NE 68506
Programs Director	Clayton Freeman, 11711 Arbor Street, Suite 110, Omaha, NE 68144

### 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
Toyota Camry	2004	4 Door Sedan	4T1BE32K34U936179	2/2018
Buick Terraza	2005	4 Door Van	5GADV33L75D180220	2/2018
Chevy Uplander	2006	4 Door Van	1GNDV33L16D191074	2/2018

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society  
  Educational  
  Religious  
  Charitable  
  Cemetery

Are the motor vehicles used exclusively as indicated?

- YES  
  NO

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

Provide education presentations, training and information to the public in regards to Alzheimer's disease and other forms of demetia. Also used to get staff and items to and from fundraising events for the Alzheimer's Association.

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.

DocuSigned by: \_\_\_\_\_

sign here

*Melanie Roberts*

439886DF60C740E...

Administrative Assistant

1/23/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments: \_\_\_\_\_

Disapproval

DocuSigned by:

*Rachel Garrow*

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urer

1/23/2019

Date

### For County Board of Equalization Use Only

Approval

Comments: \_\_\_\_\_

Disapproval

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

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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.

Name of Organization <b>Lincoln Christian School</b>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name <b>Lancaster</b>	State Where Incorporated
Street or Other Mailing Address <b>5801 South 84th Street</b>		Contact Name <b>Vikki Power</b>	Phone Number <b>402-488-8888 x 221</b>
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68516</b>	Email Address <b>vikki.power@lincolnchristian.org</b>

### Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President - Mark Canfield	6948 Kings Court Lincoln NE 68526
Vice-President Todd Hohlen	9055 Turnberry Circle Lincoln, NE 68526
Treasurer Aaron Marshbanks	1545 Sunburst Lane Lincoln, NE 68506

### 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
Thomas	2006	Bus	1T7YT4C2861166237	1-2-2019

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society   
 Educational   
 Religious   
 Charitable   
 Cemetery

Are the motor vehicles used exclusively as indicated?  
 YES     NO

Give detailed description of use, including an explanation if multiple use classifications exist:  
**Transportation of children for school and school activities**

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**   

Activities Department
1-10-2019  
 Authorized Signature    Title    Date

#### For County Treasurer Recommendation

Approval    Comments: \_\_\_\_\_  
 Disapproval

1-23-19  
 Signature of County Treasurer    Date

#### For County Board of Equalization Use Only

Approval    Comments: \_\_\_\_\_  
 Disapproval

\_\_\_\_\_  
 Authorized Signature    Date

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

• To be filed with your county treasurer.  
• Read instructions on reverse side.

Name of Organization <b>CenterPointe, Inc.</b>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property <b>CenterPointe, Inc.</b>		County Name <b>Lancaster</b>	State Where Incorporated <b>NE</b>
Street or Other Mailing Address <b>2633 P Street</b>		Contact Name <b>Kristi McDonald</b>	Phone Number <b>402-475-8717 Ext. 131</b>
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68503</b>	Email Address <b>kmcdonald@centerpointe.org</b>

### Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Topher Hansen	CEO 2633 P Street, Lincoln, NE 68503
Tami Lewis-Ahrendt	COO 2633 P Street, Lincoln, NE 68503
Pat Meyer	CFO 2633 P Street, Lincoln, NE 68503

### 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
See Attached Document				

Exempt Uses of Motor Vehicle:

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

Transportation for clients to Appointments  
Transportation of goods to program locations  
Maintenance

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

*Kristi A. McDonald*

Director of Administrative Services  
Title

1-8-2019  
Date

### For County Treasurer Recommendation

Approval

Comments: \_\_\_\_\_

Disapproval

*Rachael M. Garver*  
Signature of County Treasurer

1-23-19  
Date

### For County Board of Equalization Use Only

Approval

Comments: \_\_\_\_\_

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

*TW*

Make	Model	Year	Color	License Plate	VIN	Facility
Lancaster County						
Ford	Ranger Super	2003	Tan	2046	1FTZR45E43PB14944	Maintenance
Trailer	2-Wheel 10 ft	2008	Black	XPJ353	4YMUL10178M017208	Maintenance
Trailer	2-Wheel Utility Trailer	2019	Black	XNY980	4RWBU1417KH023129	Maintenance
Ford	Econoline Wagon E350 SUP	2000	Green	UGV047	1FBSS31L9YHB28235	Outreach
Ford	Econoline Wagon E350 SUP	2006	White	UGV045	1FBNE31LX6HA99958	MidPointe
Ford 15 Pass	Econoline Wagon E350 SUP	2013	White	UGV048	1FBSS3BL4DDB02058	Adult Resi.
Dodge	Grand SXT Caravan	2016	Gray	2475	2C4RDGCG6GR370690	Adult Resi.
Ford	Econoline Wagon E350 SUP	2002	White	UGV046	1FBSS31SX2HB36097	MidPointe
Chevrolet Express	Express	2005	Gray	VZY048	1GCFG15X45190999	Maintenance
<hr/>						
Make	Model	Year	Color	License Plate	VIN	Facility
Douglas County						
Dodge	Grand SE	2012	Silver	1728	2C4RDGBG5CR243232	CFH
Dodge	Caravan Grand SE	2012	Gray	1729	2C4RDGBG7CR408679	CFH
Ford	Transit T-350	2015	White	UGN144	1FBZX2YM1FKA72462	CFH