

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 Christ Place 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 NE
Street or Other Mailing Address 1111 Old Cheney Road		Contact Name Terry Brown	Phone Number (402) 421-1111
City Lincoln	State NE	Zip Code 68512	Email Address tbrown@christplace.church

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Rick Lorimer 6052 Chartwell Lane Lincoln, NE 68516
Secretary	Mark Balschweid 900 Plum Ridge Road Lincoln, NE 68527
Treasurer	Lyle Neal 8100 Rainy River Rd. Lincoln NE 68505

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
MNFD	1995	Trailer	1WC200D1151066739	March 2019
THOM	1997	Bus	1T7HT3B2XV1155556	March 2019
Ford	1999	Van	1FBSS31L4XHB81147	March 2019
Ford	1999	Van	1FBSS31L5XHB35830	March 2019

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:
for transporting people and luggage to and from church 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

Terry Brown
Authorized Signature

Senior Associate

2/12/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Brown

2/12/2019

Signature of County Treasurer

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
Da

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DEPARTMENT OF REVENUE

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM

457

Name of Organization CEDARS Youth Services		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 6601 Pioneers Blvd. Ste. 1		Contact Name Kerrie Saunders Jones	Phone Number 402-437-8842
City Lincoln	State NE	Zip Code 68506	Email Address ksaunders@cedars-kids.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Doug Ganz, Vice Chair	7001 S. 27th St Lincoln, NE 68512
Jill Gradwohl Schroeder-Vice Chair	6540 Rolling Hill Ct. Lincoln, Ne 68512
Katie Mach - Vice Chair	11550 Aspen Canyon Road Lincoln, NE 68526

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				March fleet renewal

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:
Transportation of children to school, appointments, events, and outings. Also, used in the operation of services.

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

Kerrie Saunders Jones
Authorized Signature

Associate Director

2/12/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Moran

2/14/2019

Signature of County Treasurer

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
Da

CEDARS Youth Services
Fleet Registration Renewal
March 2019

Vehicle Make & Model	Year	VIN #	Body Type	Plate # (*only 1 plate)
BUICK PARK AVENUE	1998	1G4CU521XW4642999	CAR	2036
GMC SAVANNA	1999	1GJGG25R5X1116854	VAN	UGV 762*
TRAILER	2005	4YMUL081X5T024007	CARRY ON	XNW 659*
CHEV EXP VAN	2005	1GAHG35UX51258290	VAN	UGV 763*
DODGE CARAVAN	2009	2D8HN44EX9R664313	VAN	2030
TOYOTA COROLLA	2013	5YFBU4EE3DP151368	CAR	2033
TOYOTA COROLLA	2014	5YFBURHE3EP176104	CAR	2079
DODGE CARAVAN	2014	2C4RDGBG6ER327577	VAN	2083
DODGE CARAVAN	2014	2C4RDGBG6ER417196	VAN	2085
DODGE CARAVAN	2014	2C4RDGBG6ER328129	VAN	2082
DODGE CARAVAN	2014	2C4RDGBGXER274026	VAN	2080
DODGE CARAVAN	2014	2C4RDGBG6ER328132	VAN	2081
DODGE CARAVAN	2014	2C4RDGBG2ER328130	VAN	2084
DODGE CARAVAN	2015	2C4RDGBG5FR607931	VAN	2086
DODGE CARAVAN	2016	2C4RDGBG5GR146019	VAN	2087
CHEV EXP VAN	2016	1GAWGFFF7G1284194	VAN	UGR 321*
TOYOTA COROLLA	2016	5YFBURHE6GP387557	CAR	2563
DODGE CARAVAN	2018	2C4RDGBG9JR152915	VAN	2287

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FORM

457

Name of Organization Grace Chapel - Lincoln (PCA)		Type of Ownership <input 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 1345 S 16th ST, Suite 1		Contact Name Brook Talsma	Phone Number 402-484-8555
City Lincoln	State NE	Zip Code 68502	Email Address office@gracepca.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Benjamin Loos, 4345 Prescott Ave, Lincoln, NE 68506
Treasurer	Greg Baker, 1039 S 11th St, Lincoln, NE 68508
Secretary	Ben Davy, 5635 Randolph St, Lincoln, NE 68510

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	2014	Club Wagon	1FBSS3BL2EDA81695	3-23-18

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:
 Will use to transport people or items to and from religious gatherings and events or charitable events.
 Church will also use to haul supplies needed for church use.

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 declare that I am duly authorized to sign this exemption application.

sign here

Brook Talsma
 Authorized Signature
4E334A9F692443...

Office Administrator

2/12/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Brown

2/14/2019

Signature of County Treasurer

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
Da



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

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

Name of Organization First Evangelical Free 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 3280 S 84th Street		Contact Name Carolyn Meter	Phone Number 402-483-7635
City Lincoln	State NE	Zip Code 68506	Email Address cmeter@firstfreelincoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Elder Board, Chairman	Justin Schulz, 7550 Plum Creek Dr, Lincoln, NE 68516
Elder Board, Secretary	Jason Barr, 4320 S 60th St, Lincoln, NE 68516
Elder Board, Treasurer	John Korsmo, 7301 Stevens Ridge 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
Dodge Ram Truck	2007	2500 ST/SLT	3D7KS26D57G800667	March, 2019
Manufactured 4' x 8' Trailer	1994		99543930	March, 2019
Manufactured Trailer	2000	Enclosed Cargo	4X4TSE412YN020704	March, 2019

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:
General hauling of materials for church 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 elect to sign this application and I am duly authorized to sign this exemption application.

sign here Carolyn Meter
Authorized Signature Title Financial Admin Assistant Date 2/12/2019

For County Treasurer Recommendation

Approval Disapproval

Comments:

DocuSigned by: Rachel M. Brown Date 2/12/2019
Signature of County Treasurer

For County Board of Equalization Use Only

Approval Disapproval

Comments:

Authorized Signature _____ Date _____

Please retain a copy for your records.

DS
Da

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Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM

457

Name of Organization Messiah Evangelical Lutheran Church - Lincoln, NE		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Messiah Lutheran Church and School		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 1800 S 84th Street		Contact Name Erik Borgmeyer	Phone Number 402-489-3024
City Lincoln	State NE	Zip Code 68506	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Executive Business Director	Erik Borgmeyer 2963 N 90th Street Lincoln, NE 68507
Chairman	Larry Elias 7621 Karl Drive Lincoln, NE 68516
Corp Treasurer	Steve Sirek 5625 LaSalle Street Lincoln, NE 68516
Corp Secretary	Susan Staab 1001 S 112th Street Lincoln, NE 68520

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 12 Pass	2013	Sport Van	1FBNE3BL3DDA84527	March 2018
Ford 12 Pass	2013	Sport Van	1FBNE3BL7DDA99354	March 2018
Chevrolet	1991	Pick-Up	1GCDK14K8M2191813	March 2018

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:
 These vehicles are used for religious and educational purposes only (i.e. - pick-up and drop-off members for worship services, special church and/or school events, field trips, youth trips, childcare activities, mens and women's ministry events), etc. Chevy Pick-up used for snow removal, hauling, etc.

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

Erik Borgmeyer@messiah.us
 Authorized Signature

Executive Business Director 2/15/2019

 Title Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Rachel A. Dunn

2/15/2019

Signature of County Treasurer

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
Da

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FORM

457

Name of Organization City Impact		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 1035 N 33rd St		Contact Name Stacy Umbenhower	Phone Number 402-477-8080
City Lincoln	State NE	Zip Code 68503	Email Address sumbenhower@cityimpact.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Craig Ames, 1035 N 33rd St, Lincoln, NE 68503
Vice President	Ed Osborn, 1035 N 33rd St, Lincoln, NE 68503
Treasurer	Greg Thomsen, 1035 N 33rd St, Lincoln, NE 68503
Secretary	Sandra Hilsabeck-Hastings, 1035 N 33rd St, 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
Ford	2012	Van	IFBSS3BL5CDB00396	3/18
Ford	2012	Van	IFBSS3BL6CDA11369	3/18
Ford	1998	Van	IFBSS31S5WHA53263	3/18

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:
 Vans are used to provide transportation for youth and families to clubs, events and camps in order to fulfill the mission of City Impact to share the transforming hope and love of Jesus Christ in urban neighborhoods through holistic youth and family programming and community investment.

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

Stacy Umbenhower
 Authorized Signature

Director of Finance

2/14/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Brown

2/15/2019

Signature of County Treasurer

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
Da

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Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM

457

Name of Organization Lutheran Family Sertvices of Nebraska, Inc.		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Lutheran Family Sertvices of Nebraska, Inc.		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 2301 "O" St		Contact Name Steve Peterson	Phone Number 4029785645
City Lincoln	State NE	Zip Code 68510	Email Address speterson@lfsneb.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Board Chair	Greg Schilling 124 S. 24 st. Omaha, NE 68102
Vice Chair	Susan Lewis 124 S. 24 st. Omaha, NE 68102
Treasurer	Christopher Tonniges 124 S. 24 st. Omaha, NE 68102

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	1992	Econoline Van	1FTFE24Y3PHB85793	February 2018
Ford	1993	Econoline Van	1FBSS31L11HA68697	February 2018

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:
These vehicles are used in our Refugee Resettlement Programs.

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

Mosah Goodman
Authorized Signature

COO & VP of Legal

2/13/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Dunn

2/15/2019

Signature of County Treasurer

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
Da

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

FORM

457

Name of Organization: Lincoln Baptist Church; Type of Ownership: Nonprofit Corporation; County Name: Lancaster; State Where Incorporated: Nebraska; Contact Name: Jonathan Painter; Phone Number: 402-417-4891; Email Address: jpainter@lincolnbaptist.net

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include President/Pastor (Jonathan Painter), Treasurer (Megan Miller), and Secretary (Tammy Painter).

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

Table with 5 columns: Motor Vehicle Make, Model Year, Body Type, Vehicle ID Number, Registration Date or Date of Acquisition, if Newly Purchased. Rows include Chevy (2001, 15 Passenger Van) and International (1995, Thomas Bus).

Exempt Uses of Motor Vehicle: Religious (checked); Charitable; Cemetery; Are the motor vehicles used exclusively as indicated? YES (checked); 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

Jonathan Painter, Pastor, 2/14/2019

For County Treasurer Recommendation

Approval (checked); Comments; DocuSigned by: Rachel M. Brown, Signature of County Treasurer, 2/15/2019

For County Board of Equalization Use Only

Approval (checked); Comments; Authorized Signature; Date

Please retain a copy for your records.

DS Da

NEBRASKA

Good Life. Great Service.

DEPARTMENT OF REVENUE

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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• Read instructions on reverse side.

FORM

457

Name of Organization Northern Lighthouse		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Northern Lighthouse		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 6141 N 14th St		Contact Name Karen Keyzer	Phone Number 402-477-1849
City Lincoln	State NE	Zip Code 68521	Email Address k.keyzer72@gmail.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Pastor	Sam Keyzer 1730 Meadow Lark Cir Lincoln, NE 68521
Associate Pastor	Jonathan Keyzer 2740 "R" St Apt 1 Lincoln, NE 68503
Board Member	Roberta Wilbur 2927 Dudley St. Lincoln, NE 68503
Treasurer	Karen Keyzer 1730 Meadow Lark Cir Lincoln, NE 68521

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
GMC ES Sav	2003	15 Passenger	1GJHG3921331205566	
Dodge Ran Wagon 3500	2000	15 Passenger	2B5WB3520YK179611	
Ford VAN E350	1996	11 Passenger	1FDJE30H7THA04173	Sept 2018
Dodge Ram Wagon 350	1988	12 Passenger	2B5WB31Y8JK109230	Sept 2018
International Thomas Bus	1996	77 passenger bus	1HVBBAAN85H2019E4	

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:
Transport people to and from worship services and other church related 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

Karen Keyzer
Authorized Signature
CC054C7E5D434DC...

Treasurer

2/20/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:
Rachel M. Sawyer
EA04D5940FF8496
Signature of County Treasurer

2/21/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
Da

Chevy Express LT 2012 15 Passenger 1GAZG1FA1C1134466 Sept 2018

NEBRASKA

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DEPARTMENT OF REVENUE

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM

457

Name of Organization Mosaic		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Mosaic		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 221 Sun Valley Blvd, Suite G		Contact Name Bobby Hall	Phone Number 402-477-2101
City Lincoln	State NE	Zip Code 68528	Email Address bobby.hall@mosaicinfo.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President/CEO	Linda Timmons, 4980 S 118th St, Omaha, NE 68137
CFO	Scott Hoffman, 4980 S 118th St, Omaha, NE 68137

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	2010	Van	2D4RN5D16AR246893	2/12/19

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:

This vehicle is used in Mosaic's mission to serve people with intellectual and developmental disabilities. Mosaic is registered with the Nebraska Secretary of State as a non-profit corporation.

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 hereby declare that I am duly authorized to sign this exemption application.

sign here

Robin Mathies
Authorized Signature
721C575FE0A54DC...

Director of Accounting

2/19/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Sawyer

Signature of County Treasurer

2/21/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
Da