



# 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.

Applicant's Name: Hope And Refuge Ministries, Etc.

Street or Other Mailing Address: 3723 N. 37th St.

City: Omaha State: NE Zip Code: 68111

County: SASPI State Where Incorporated: \_\_\_\_\_

Type of Ownership:  
 Nonprofit Corporation  
 Other (specify): \_\_\_\_\_

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<u>Pastor</u>	<u>Gregory D. Bryant 3909 Birchwood Dr Bellevue NE 68123</u>
<u>Deaconess/Trustee</u>	<u>Lakisha Coleman 4110 Williamsburg Ct Apt 11 Bellevue, NE</u>
<u>Deacon</u>	<u>Charles Haywood 2808 Schuyler Pl 2 Bellevue NE 68123</u>
<u>Mother/Trustee</u>	<u>Cathy (H.H.) Kelly Dr Bellevue NE 68123</u>

### 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
<u>Ford</u>	<u>92</u>	<u>VAN</u>	<u>1FVHE31H2NAB20260</u>	

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural  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:  
For transportation to + from religious activities + related services.

If No, give percentage of exempt use:  
 \_\_\_\_\_ %

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

[Signature]  
Authorized Signature

Pastor  
Title

1/18/12  
Date

### FOR COUNTY TREASURER RECOMMENDATION

- APPROVAL  
 DISAPPROVAL

COMMENTS: \_\_\_\_\_

Rich James  
Signature of County Treasurer

1-18-12  
Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

- APPROVAL  
 DISAPPROVAL

COMMENTS: \_\_\_\_\_

Authorized Signature

Date



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

FORM  
457

- To be filed with your county treasurer.
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Applicant's Name: Pilgrim Lutheran Church

Street or Other Mailing Address: 2311 Fairview Rd. County: Sarpy

City: Bellevue State: NE Zip Code: 68123 State Where Incorporated: NE

Type of Ownership

Nonprofit Corporation

Other (specify): \_\_\_\_\_

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Tom Skinner - 1503 Lawrence Lane, Bellevue, NE 68005
Elder	Wes Hansen - 13406 S. 34 <sup>th</sup> St, Bellevue, NE 68123
Treasurer	Tim Roth - 13103 Brookside Dr., Bellevue, NE 68123
Childcare Director	Jane Kemp - 4409 S. 145 <sup>th</sup> 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
Ford	2001	E350	1FDWE35L7114B06038	

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural  Educational  Religious  Charitable  Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:  
used exclusively for Pilgrim Lutheran Church, as a Non Profit organization and a 501(c)3 organization. This includes transportation of individuals to church, Sunday School, Transportation of children in church, Childcare & Preschool.

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 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** Jane Kemp Childcare Director 1-12-12

Authorized Signature Title Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL  DISAPPROVAL

COMMENTS: \_\_\_\_\_

Rich James 1-18-12

Signature of County Treasurer Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL  DISAPPROVAL

COMMENTS: \_\_\_\_\_

Authorized Signature Date



# 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.

Applicant's Name <b>St John's Cemetery Assoc.</b>				Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):	
Street or Other Mailing Address <b>1506 S. 36th St.</b>			County <b>Sarpy</b>		
City <b>Omaha</b>	State <b>Ne</b>	Zip Code <b>68147</b>	State Where Incorporated <b>Ne</b>		

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION					
Title	Name, Address, City, State, Zip Code				
<b>PRESIDENT</b>	<b>DOROTHY ZETINSKI 410 S. 48TH ST. OMAHA NE 68106</b>				
<b>VICE PRESIDENT</b>	<b>RAY STAVNEAK 1455 SHIRLEY ST. OMAHA NE 68106</b>				
<b>TREASURER</b>	<b>STEVE FAKATA 720V S. 35TH ST. BELLEVUE NE 68147</b>				
<b>SECRETARY</b>	<b>RICHARD WINTER 7963 S. 46TH AVE. BELLEVUE 68154</b>				

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
<b>FORD</b>	<b>2003</b>	<b>F350</b>	<b>1P0W3TFX3E8D9134</b>	<b>2-2011</b>

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural  
  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:  
**Cemetery use - on road only for Ford maintenance**

If No, give percentage of exempt use: \_\_\_\_\_ %

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.

<b>sign here</b>		<b>TREASURER</b>	<b>1-16-2012</b>
	Authorized Signature	Title	Date

FOR COUNTY TREASURER RECOMMENDATION	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
	<b>1-18-12</b>
Signature of County Treasurer	Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
_____	_____
Authorized Signature	Date