



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

Applicant's Name: Ialesia de Dios Fraternidad Christina

Street or Other Mailing Address: 1001 N. Fort Crook Rd #119

City: Bellevue State: NE Zip Code: 68005 County: Sarge 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

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>1992</u>	<u>Sport Van</u>		<u>Nov Expiration</u>

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 to transport church members

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 _____

Authorized Signature

Senior Pastor

Title

10/29/11

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

11-1-11

Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL

Authorized Signature _____

Date _____

TO BE FILED WITH
YOUR COUNTY
TREASURER

Application for Exemption

from Motor Vehicle Taxes
by Qualifying Nonprofit Organizations
• Read Instructions on reverse side

FORM
457

Applicant's Name: Blackhills Workshop County: Sarpy
 Street or Other Mailing Address: P.O. Box 1137 (113 Grant Cir Offutt AFB) County Number: 591
 City: Kellenue State: NE Zip Code: 68005 State Where Incorporated: SD

Type of Ownership:
 Nonprofit Corporation
 Other (specify): _____

Identify Officers, Directors, or Partners	
Title	Name, Address, City, State, Zip Code

LIST SPECIFIC DESCRIPTION OF THE MOTOR VEHICLES

• Attach additional sheet if necessary

Vehicle Make	Model Year	Body Type	Vehicle Identification Number	Registration Date or Date of Acquisition if Newly Purchased
<u>Chevrolet</u>	<u>2007</u>	<u>Van Sport</u>	<u>1G-NFH1S26T1215524</u>	<u>Nov. 2010</u>

Nature of Use of Motor Vehicle:
 Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated?

YES NO
 If No, give percentage: _____ %

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

Transport employees with disabilities to and from work on Offutt Air Force Base.

Under penalties of law, I declare that I have examined this 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, and that the organization owning said property does not discriminate in membership or employment based on race, color, or national origin.

sign here Ambria Leade Authorized Signature Office Manager Title 10/26/11 Date

FOR COUNTY TREASURER'S RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Rich James Signature of County Treasurer 11-11 Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature _____ Date _____