

TO BE FILED WITH
YOUR COUNTY
TREASURER

Exemption Application

for Tax Exemption on Motor Vehicles Owned
by Qualifying Nonprofit Organizations
• Read instructions on reverse side

FORM
457

| | | | |
|--|--------------------|----------------------------|---|
| Applicant's Name Bellevue Church of Christ | | County Sarpy | Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): |
| Street or Other Mailing Address Box 176 (2311 Madison) | | County Number 59 | |
| City BELLEVUE | State NE | Zip Code 68005 | State Where Incorporated NE |

| Identify Officers, Directors, or Partners | |
|---|--|
| Title | Name, Address, City, State, Zip Code |
| President | Larry Henry 210 Garden Ave, Bellevue, NE 68005 |
| Secretary | Frank Estanigui 3312 Schuemann Dr, Bellevue, NE 68123 |

| LIST SPECIFIC DESCRIPTION OF THE MOTOR VEHICLES • Attach additional sheet if necessary | | | | |
|---|---------------------------|---------------------------------|---|--|
| Vehicle Make Chevrolet | Model Year 2004 | Body Type Express Van | Vehicle Identification Number 1GAKG391941198253 | Registration Date or Date of Acquisition if Newly Purchased March Exp. |
| | | | | |
| | | | | |

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

Give detailed description of use, including an explanation if multiple classifications exist: **Used for Church related, and youth trips as well as transporting members to services**

Are the motor vehicles used exclusively as indicated?
 YES NO
If No, give percentage: _____ %

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 all delinquent taxes on the described property have been paid, 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 **Auch A. Stone** Authorized Signature **Office Manager** Title **Mar. 3, 2010** Date

FOR COUNTY TREASURER'S RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

Rich James Signature of County Treasurer **3-10-10** Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL

Authorized Signature _____ Date _____

INSTRUCTIONS

WHO MAY FILE. Any organization or society which is the owner of and is seeking tax exempt status for a motor vehicle may file for exemption if:

1. The motor vehicle is owned by and used exclusively for agricultural and horticultural societies; or
2. The motor vehicle is:
 - a. Owned by educational, religious, charitable, or cemetery organizations;
 - b. Used exclusively for educational, religious, charitable, or cemetery purposes;
 - c. Not owned or used for financial gain or profit to either the owner or user; and
 - d. Not owned or used by an organization which discriminates in membership or employment based on race, color, or national origin.

Each vehicle for which application for exemption is made must be listed separately.

WHEN AND WHERE TO FILE. All applications for exemption must be filed with the county treasurer of the county in which the motor vehicle is subject to tax.

Application for tax exempt status for a motor vehicle shall be made to the county treasurer not more than fifteen (15) days before and not later than thirty (30) days after the registration date of the motor vehicle. For a newly acquired motor vehicle, application must be made within thirty (30) days from the date of purchase. Exempt status for a motor vehicle shall extend through one registration period. Failure to apply for tax exemption within the allotted time shall constitute a waiver of the exemption for the registration year.

APPEAL PROCEDURES. If an application for exemption is disapproved, appeal may be made to the Tax Equalization and Review Commission within thirty (30) days of the final decision of the county board of equalization.

SPECIFIC INSTRUCTIONS

Indicate the use made of the motor vehicle by marking the appropriate block. State in detail the use of the motor vehicle and explain any circumstances existing when the motor vehicle may have multiple use classifications. If the motor vehicle is not used exclusively for the use classification indicated, give approximate percent of exempt use.

MAR-09-2010 16:16

TO BE FILED WITH YOUR COUNTY TREASURER

Attn: D. Ave of Gal

Exemption Application

for Tax Exemption on Motor Vehicles Owned by Qualifying Nonprofit Organizations
* Read Instructions on reverse side

P. 02

FORM 457

Applicant's Name: Twin Creeks Bapt. Church
 Street or Other Mailing Address: 11825 S. 36th
 City: Belleve State: Ne Zip Code: 68123
 County: Saspy County Number: 59 State Where Incorporated: Ne

Type of Ownership:
 Nonprofit Corporation
 Other (specify):

Identify Officers, Directors, or Partners:

| Title | Name, Address, City, State, Zip Code |
|--------|--|
| Pastor | R.M. Pre Hyman 11827 S. 36 Belleve 68123 |
| Elder | Jesse Mae 304 N. 10th Plattsmouth 68048 |
| Deacon | Near Jamison 11766 Ames Gate Belleve 68123 |
| Deacon | J.M. Johnson 2112 Ave B Plattsmouth 68048 |

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 |
|--------------|------------|-----------|-------------------------------|---|
| Dodge | 2001 | Caravan | 1B4GP25B41R11910 | |

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

Give detailed description of use, including an explanation if multiple classifications exist:
Ministry transportation for youth Pastor and teen

Are the motor vehicles used exclusively as indicated?
 YES NO
 If No, give percentage: 10 %

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 all delinquent taxes on the described property have been paid, 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: R.M.P. Pre Hyman Authorized Signature Title: Pastor Date: 3-09-10

FOR COUNTY TREASURER'S RECOMMENDATION

APPROVAL DISAPPROVAL
 COMMENTS:

Rich James Signature of County Treasurer Date: 3-11-10

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

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FORM
457

| | | | | |
|---|--------------------|--------------------------|---------------------------------------|---|
| Applicant's Name Bethel Christian Ministries | | | County Sargey | Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): |
| Street or Other Mailing Address 3702 Giles Rd | | | County Number 59 | |
| City Bellevue | State Ne | Zip Code 68147 | State Where Incorporated Ne | |

| Identify Officers, Directors, or Partners | |
|---|---|
| Title Pastor | Name, Address, City, State, Zip Code Sushin Anthony 11622 S. 31st St. Bellevue Ne 68123 |
| | |
| | |

| LIST SPECIFIC DESCRIPTION OF THE MOTOR VEHICLES • Attach additional sheet if necessary | | | | |
|---|---------------------------|-------------------------|--|--|
| Vehicle Make Chevrolet | Model Year 1987 | Body Type Bus | Vehicle Identification Number 1G B36PIF4HV115394 | Registration Date or Date of Acquisition if Newly Purchased March Exp. |
| | | | | |
| | | | | |

Nature of Use of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple classifications exist: **Youth, children, church events, picking up people for church**

Are the motor vehicles used exclusively as indicated?
 YES NO
If No, give percentage: _____ %

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sign here

Michelle Anthony Authorized Signature **Receptionist** Title **2-25-10** Date

FOR COUNTY TREASURER'S RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Rich James Signature of County Treasurer **3-10-10** Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature _____ Date _____

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593-2143