

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 Autism Center of Nebraska, Inc			County Sarpy	Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 4007 Harrison St			County Number 59	
City Bellevue	State NE	Zip Code 68147	State Where Incorporated NE	

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 Plymouth	Model Year 1999	Body Type Voyager Van	Vehicle Identification Number 1P4G144L1XB875474	Registration Date or Date of Acquisition if Newly Purchased April 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:

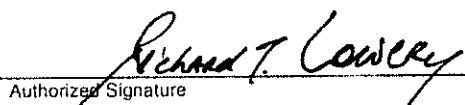
To transport persons being served to and from service locations

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage: _____ %

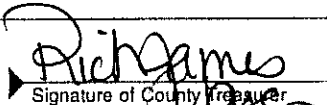
Under penalties of law, I declare that I have examined this application and, to the best of my knowledge and belief, it is correct and complete. I also declare that all delinquent taxes on the described property have been paid, that I am duly authorized to sign this exemption application, and that the organization owning said property does not discriminate in membership or employment based on race, color, or national origin.

sign here  Title **CFO** Date **3/22/2010**

FOR COUNTY TREASURER'S RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

 Date **3-24-10**

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Authorized Signature _____ Date _____

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FORM
457

Applicant's Name <u>Jordanelle Forest</u>			County <u>Sarpy</u>	Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <u>1111 Bellevue Blvd</u>			County Number <u>59</u>	
City <u>BelleVue</u>	State <u>Ne</u>	Zip Code <u>68005</u>	State Where Incorporated <u>Ne</u>	

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 <u>Snoco</u>	Model Year <u>1984</u>	Body Type <u>2WHL TRV</u>	Vehicle Identification Number	Registration Date or Date of Acquisition if Newly Purchased <u>April Exp</u>

Nature of Use of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple classifications exist:
Transportation for non-profit education and conservation purposes

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 [Signature] Executive Director 3/21/10
Authorized Signature Title Date

FOR COUNTY TREASURER'S RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Rich James 3-24-10
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Authorized Signature Date