



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: House of Prayer Christian Church

Street or Other Mailing Address: 1333 Morton Str. County: Lancaster

City: Lincoln State: NE Zip Code: 68521 State Where Incorporated: Nebraska

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

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<i>Pastor</i> Bogdan Stepanyuk	4430 W. Huntington Ave, Lincoln NE 68524
<i>Treasurer</i> Victor Popov	13830 Bailey St. Waverly NE 68462
<i>Secretary</i> Vasue Bryshka	3000 West Pleasant Hill Rd, Lincoln, NE 68523

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 Transit T-350	2016	van passenger	1FBZX2CM46KA82024	4/20/16

Exempt Uses of Motor Vehicle:
 Agricultural/Horticultural Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
100 %

Give detailed description of use, including an explanation if multiple use classifications exist:
 TRANSPORTING children for vacation Bible school and children choir practices. TRANSPORTING elders to the church and back to assisted living facilities for various church activities. The vehicle is garaged at 1333 Morton Str. Lincoln, NE 68521

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 Bogdan Stepanyuk senior pastor 05/01/2012
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____
 DISAPPROVAL

Andy Hilborn
 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.

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