

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations
• To be filed with your county treasurer.
• Read instructions on reverse side.

Name of Organization Community Action Partnership of Lancaster and Saunders Co		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 210 O Street		Contact Name Kelly Elder	Phone Number 402-875-9397
City Lincoln	State NE	Zip Code 68508	Email Address purchasing@communityactionnetwork.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President	Gail Steen, 210 O Street, Lincoln NE 68508
Vice President	DeLynn Hay, 210 O Street, Lincoln NE 68508
Treasurer	Lorene Bartos, 210 O Street, Lincoln NE 68508
Secretary	Debbie Mumm, 210 O Street, Lincoln NE 68508

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
See Attached				

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society 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:
Vehicles are used for transporting supplies and personnel for the purpose of carrying out federal grant projects.

If No, give percentage of exempt use:
_____ %

Under penalties of law, I declare that I have examined this exemption 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.

sign here → *[Signature]* Authorized Signature Title *CEO* Date *10/1/18*

For County Treasurer Recommendation	
<input type="checkbox"/> Approval	Comments: _____
<input type="checkbox"/> Disapproval	_____
Signature of County Treasurer	<u><i>[Signature]</i></u> Date <u><i>10/2/18</i></u>

For County Board of Equalization Use Only	
<input type="checkbox"/> Approval	Comments: _____
<input type="checkbox"/> Disapproval	_____
Authorized Signature	Date

Please retain a copy for your records.

[Handwritten initials]

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Acquisition Date
Ford	2011	F150	1FTEX1EM0BFA79690	August
Nissan	2012	Sentra	3N1AB6AP3CL622342	August
Isuzu	2004	NPR	JALB4B14547004163	August
Nissan	2012	Sentra	3N1AB6AP4CL616503	August
Dodge	2009	Grand Caravan	2D8HN541X9R591611	August
Dodge	2009	Grand Caravan	2D8HN54189R591610	August
Dodge	2003	Caravan SE	1D4GP25B33B115462	August
Dodge	2009	Grand Caravan	2D8HN54119R591609	August
Dodge	2009	Grand Caravan	2D8HN54119R591612	August
Dodge	2009	Grand Caravan	2D8HN54109R591603	August
Honda	2015	Odyssey LX	5FNRL5H26FB029711	August
Chevrolet	2016	Traverse LS	1GNKRFED1GJ168982	August
Dodge	2010	Grand Caravan	2D4RN5D16AR411972	August
Nissan	2016	S	5BZBF0AA8GN852141	August
Chevrolet	2011	Silverado K3500	1GCHK73K49F140078	August
Ford	2002	F150	2FTRX17252CA14942	August
Carry On Trailer	2007	7x12WG	4YMUL12177MO46185	August



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**FORM
457**

Applicant's Name New Bethel Bible Way Apostolic Temple Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 1940 West A Street		County Lancaster	
City Lincoln	State Nebraska	Zip Code 68501	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Pastor	James H. Thompson, 1932 Antler Drive, Lincoln, NE 68516
Assistant Pastor	Develand Furry, 5135 West Parkridge Lane, Lincoln, NE 68533
Business Manager	Curtis Bruner, 4000 N 17 Street, Lincoln, NE 68521
Operation Secretary	Evelyn Bruner, 4000 N 17 Street, Lincoln, NE 68521

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
Chrysler Town & Country	2009	MP	2A84H44E19	9-15-11
			H512545	

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:

_____ %

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

Picking up and transporting people to church services and related functions, both local and out of town. Also used for picking up and transporting church supplies.

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

Evelyn Bruner
Authorized Signature

Carpenter Inc.
Title

9-23-18
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: _____

Andy Hibbs
Signature of County Treasurer

9-24-18
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: _____

Authorized Signature

Date

aw