

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.

Name of Organization Christian Church in Nebraska		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name NE	State Where Incorporated
Street or Other Mailing Address 237 S. 70th Street, Ste. 221		Contact Name Carol Burnley	Phone Number 4024760359
City Lincoln	State NE	Zip Code 68510	Email Address adminasst@ccnebr.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Regional Minister	Chris Morton, 237 S 70th St. Ste. 221, Lincoln, NE 68510
Moderator	Eileen Kunz 7624 Grand Oaks Circle, Lincoln, NE 68516
Administrative Assistant	Carol Burnley, 8544 Echo Court, Lincoln, NE 68520
Secretary	Susan Miyoshi 1232 N 15th Street, Nebraska City, NE 68410

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
Subaru	2015	051	4S4BSBAC0F3309526	3/2015

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:
For Regional Minister Transportation of: church guests or items, drive to meetings & regional churches, classes, events, conventions, etc.

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 exemption application and, to the best of my knowledge and belief, it is correct and complete.

I hereby declare that I am duly authorized to sign this exemption application.

sign here

Carol Burnley
Authorized Signature

Authorized Signer

3/18/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:
Carol Burnley
Signature of County Treasurer

3/20/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

SML

SML

NEBRASKA

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DEPARTMENT OF REVENUE

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Name of Organization CEDARS Youth Services		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 6601 Pioneers Blvd, Ste. 1		Contact Name Kerrie Saunders Jones	Phone Number 402-437-8842
City Lincoln	State NE	Zip Code 68506	Email Address ksaunders@cedars-kids.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Doug Ganz, Vice Chair	7001 S. 27th St Lincoln, NE 68512
Jill Gradwohl Schroeder, Vice Chair	6540 Rolling Hill Ct. Lincoln, NE 68512
Katie Mach, Vice Chair	11550 Aspen Canyon Rd. Lincoln, NE 68526

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
TOYOTA CAMRY	2016	CAR	4T1BF1FK3GU145876	3/11/19

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

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

Transportation of children to school, appointments, events, and outings. Also, used in the operation of services.

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 exemption application and, to the best of my knowledge and belief, it is correct and complete.

I declare that I am duly authorized to sign this exemption application.

sign here

Kerrie Saunders Jones

Authorized Signature

Associate Director

Title

3/13/2019

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Carol M. Sawyer

Signature of County Treasurer

3/15/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

SMC

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Name of Organization Cornhusker Council, Boy Scouts of America		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 Nebraska
Street or Other Mailing Address PO Box 269, 600 S 120th Street		Contact Name Michelle Austin	Phone Number 402-488-6051
City Walton	State NE	Zip Code 68461-0269	Email Address michelle.austin@scouting.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Richard Kohel, 1540 Skyline Dr, Lincoln, NE 68506
Treasurer	Kyle Poppe, 7300 Hidden Valley Dr, Lincoln, NE 68526
Secretary	Matt Budz, 600 S 120th Street, Walton, NE 68461

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
DODGE	2015	TRUCK	3C63RRGL05G523425	04/30/2018
DODGE	2015	VAN	2C4RDGBB9FR530271	04/30/2018
DODGE	2015	VAN	2C4RDGBG0FR530272	04/30/2018
H & H TRAILER	2007	GOOSENECK TRAILER	4J6H025247B086702	04/30/2018
FLATBED TRAILER	2001	4-WHEEL FLATBED	4160LF18241B031902	04/30/2018

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

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

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 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

Michelle Austin

Authorized Signature

OFFICE MANAGER

3/18/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Sarver

Signature of County Treasurer

3/20/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

SMU

SMU

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number
Carry-On Trailer Corporation	2015	Cargo Trailer	4YMCL1011FM016158
Carry-On Trailer Corporation	2015	Cargo Trailer	4YMCL1013FM016128
HMDE (Trailer)	1995	Utility Trailer	

Registration Date or Date of Acquisition

4/30/2018

4/30/2018

4/30/2018

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Name of Organization Temple Baptist Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Temple Baptist Church		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 4940 Randolph Street		Contact Name Dennis Garbers	Phone Number 402-429-0538
City Lincoln	State NE	Zip Code 68510	Email Address pastor@templebaptistlincoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Pastor Jeremy Penrod	815 S. 34th Street Lincoln, NE 68510
Dennis Garbers	4325 Washington Lincoln, NE 68506

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
Haulmark Trailer	2001	Trailer	16HCB0811H084456	03/11/18
Ford Van	2003	12 passenger van	1FBNE31L53HA61856	03/11/18
Ford Van	2002	12 passenger van	1FBNE31S92HB04715	03/11/18

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 used to transport students to activities, camps & missions trips; and, to transport adults to church conferences and retreats.

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

Jeremy Penrod Pastor 3/18/2019
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Disapproval

DocuSigned by:
Carol M. Sawyer 3/20/2019
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Comments: _____

Disapproval

Authorized Signature _____ Date _____

SML

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SML