

NEBRASKA

Good Life. Great Service.

DEPARTMENT OF REVENUE

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filed with your county treasurer.
• Read instructions on reverse side.

FORM

457

Name of Organization NEBRASKA WESLEYAN UNIVERSITY		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property NEBRASKA WESLEYAN UNIVERSITY		County Name LANCASTER	State Where Incorporated NEBRASKA
Street or Other Mailing Address 5000 ST. PAUL AVE		Contact Name BENJAMIN DAHL	Phone Number 402-465-2183
City LINCOLN	State NE	Zip Code 68504	Email Address bdahl@nebrwesleyan.edu

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
DARRIN GOOD - PRESIDENT	5000 ST. PAUL AVE. LINCOLN, NE 68504
TISH GADE-JONES - VP FIN/ADM	5000 ST. PAUL AVE. LINCOLN, NE 68504
GREG MASCHMAN-CONTROLLE	5000 ST. PAUL AVE. LINCOLN, NE 68504

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
CHEVROLET	2016	4 DR SUV	2GNAXYEX1K6170020	09/06/19

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:
 USED BY EMPLOYEES FOR THE BUSINESS OF CARRYING OUT THEIR ASSIGNED DUTIES.
 EMPLOYEES ARE NOT ALLOWED TO USE THE VEHICLE FOR PERSONAL PURPOSES.

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

Benjamin Dahl
 Authorized Signature
 5829054D3F30435...

ASSISTANT CONROLLER

9/17/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Rachel M. Sawyer
 Signature of County Treasurer

9/26/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
SMC

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Name of Organization The Malone Center		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property The Malone		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 2032 U Street		Contact Name Lauren Frink	Phone Number 402-327-1272
City Lincoln	State NE	Zip Code 68503	Email Address lauren.frink@malonecenter.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
John Goodwin Director	2032 U Street Lincoln NE, 68503

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	2016	Transit T-350	1FBZX2ZM1GKA92498	12/12/2018
Ford	2016	Transit T-350	1FBZX2ZM3GKA80403	12/12/2018
Ford	2016	Transit T-350	1FBZX2YM2GKB12985	12/12/2018
				October 2019

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:

We transport our after school program children from LPS schools to the Malone center and then we take each child to their own home each night.
We also use the vans to take our preschoolers on field trips as well as taking our after school program to different after school clubs.

Are the motor vehicles used exclusively as indicated?

- YES NO

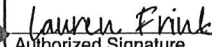
If No, give percentage of exempt use:

_____ %

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


 Authorized Signature
 006784E2D10B432...

Office Manager

10/1/2019

Title

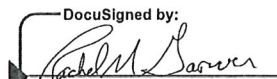
Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

 Signature of County Treasurer

10/3/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

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Name of Organization New Bethel Bibleway Apostolic Temple Church Inc		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 1990 West A St		Contact Name Evelyn Burrage	Phone Number 402-904-3684
City Lincoln	State NE	Zip Code 68501	Email Address burrageevelyn@yahoo.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Pastor	James Thompson, PO Box 80241, Lincoln, NE, 68501
Business Manager	Curtis Burrage, PO Box 80241, Lincoln, NE, 68501
Corporation Secretary	Evelyn Burrage, PO Box 80241, Lincoln, NE, 68501

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	2009	Town & Country LX	2A8HR44E19R512545	September 2019

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:
Used to transport individuals to and from church. Also used to pick up church supplies.

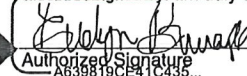
Are the motor vehicles used exclusively as indicated?

- 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 

Authorized Signature

Church Corporation Secretary 9/26/2019

Title

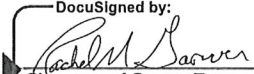
Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Signature of County Treasurer

9/26/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMC