File with Your County Treasurer

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• Read Instructions on reverse side.

Agenda Item # 25
Date 5/17/23

FORM 457

Name of Organization: Spirit of Peace Church	Tax Year: 2023-2024	Value of Motor Vehicles: 45999.00
Name of Owner of Property: Spirit of Peace Church	County Name: Dodge	State Where Incorporated: Nebraska
Street or Other Mailing Address: 303 W Maple St PO Box 4	Contact Name: Michael Hanus, Director	Phone Number: 4025417019
City: Hooper State: NE Zip Code: 68031	Email Address: minister@spiritofpeace.us	

Type of Ownership

☐ Agricultural and Horticultural Society ☐ Educational Organization ☒ Religious Organization ☐ Charitable Organization ☐ Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Michael Hanus	Director	3315 S County Road 26, Fremont, NE 68025
Cathy Hanus	Director	3315 S County Road 26, Fremont, NE 68025

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	2019	Ram 1500	1C6SRFHT3KN856907	4/10/2023

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

☐ Agricultural and Horticultural Society ☐ Educational ☒ Religious ☐ Charitable ☐ Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

☒ YES ☐ NO

If No, give percentage of exempt use: _____%

Give a detailed description of the use of the motor vehicle:

Transportation and storage of people. property and other church related items for Church's Missional Community, purposes and other related projects, activities and events; all non-profit in nature.

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: [signature] Title: Director Date: 4/24/2023

For County Treasurer Recommendation

☑ Approval
☐ Denial

Comments: [signature]

▶ Signature of County Treasurer: [signature] Date: 5-3-23

For County Board of Equalization Use Only

☐ Approved
☐ Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

▶ Signature of County Board Member _____ Date _____

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Please retain a copy for your records.