

Application for Exemption

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

File with Your
County Treasurer

• Read instructions on reverse side.

Name of Organization <u>Liberty Baptist Church</u>		Tax Year <u>2024</u>	Value of Motor Vehicles <u>≈ \$15,000</u>
Name of Owner of Property <u>Liberty Baptist Church</u>		County Name <u>DODGE</u>	State Where Incorporated <u>NE</u>
Street or Other Mailing Address <u>1106 N. Main St.</u>		Contact Name <u>John McQueen</u>	Phone Number <u>402-721-1059</u>
City <u>Fremont</u>	State <u>NE</u>	Zip Code <u>68025</u>	Email Address <u>libertybaptistne@gmail.com</u>

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

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code		
<u>John McQueen</u>	<u>Pastor</u>	<u>1120 N. Main St., Fremont, NE 68025</u>		
<u>Neil Burns</u>	<u>Chairman</u>	<u>2317 Estes Ln, Fremont, NE 68025</u>		
<u>Eric Fenske</u>	<u>Treasurer</u>	<u>1280 Co Rd P, Colon, NE 68018</u>		
<u>Joel Fieck</u>	<u>Board member</u>	<u>1405 N. 154th St, Omaha 68154</u>		
<u>Dan Lucas, Sr</u>	<u>Trustee</u>	<u>PO Box 72, Ithaca, NE 68033</u>		

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

Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

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

Van is used to transport people to church and church-related activities.

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

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 [Signature] Authorized Signature
 Title Pastor
 Date 11/22/23

For County Treasurer Recommendation

Approval
 Comments: _____

Denial

[Signature] Signature of County Treasurer
 Date 1-2-24

For County Board of Equalization Use Only

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

Denied

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 _____

Please retain a copy for your records.