Agenda Item # 29
Date 9/8/21

File with Your County Treasurer

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations
• Read Instructions on reverse side.

FORM 457

Name of Organization: MASONIC ESTERN STAR HOME FOR CHILDREN	Tax Year: 2021	
Name of Owner of Property: MASONIC EASTERN STAR HOME FOR CHILDREN	County Name: DODGE	State Where Incorporated: NE
Street or Other Mailing Address: 2414 N MAIN ST	Contact Name: RON GIESSELMANN	Phone Number: 4027211185
City: FREMONT State: NE Zip Code: 68025	Email Address:	

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
CHARLES HOUSE	PRESIDENT	
LEONA PADEN	1ST VICE PRESIDENT	
JOHN PARSONS	2ND VICE PRESIDENT	

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
Chevy #6462	2003	trailblazer	1GNDT13S032285942	

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 detail description of the use of the motor vehicle:

TRAILERS ARE USED TO TRANSPORT MATERIALS FOR 4H ACTIVITIES - VEHICLES ARE FOR THE TRANSPORTING OF CHILDREN AND PERSONNEL FOR SCHOOL AND FOR ADMINISTRATIVE DUTIES

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: Executive Director Date: 8-24-21

For County Treasurer Recommendation

☑ Approval
☐ Denial

Comments: _____

▶ Signature of County Treasurer: [signature] Date: 8-24-21

For County Board of Equalization Use Only

☐ Approval
☐ 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 _____

Nebraska Department of Revenue
96-253-2006 Rev. 2-2020 Supersedes 96-253-2006 Rev. 6-2019

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.