



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.

Applicant's Name: **Catholic Social Services**

Street or Other Mailing Address: **2241 O Street**

City: **Lincoln** State: **NE** Zip Code: **68510** County: **Lancaster** State Where Incorporated: **Nebraska**

Type of Ownership: Nonprofit Corporation Other (specify)

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Bishop James D. Conley 3400 Sheridan Blvd, Lincoln, NE 68506
Vice President	Msgr. Timothy J. Thorburn 3400 Sheridan Blvd, Lincoln, NE 68506
Secretary Treasurer	Rev. Christopher K. Kubat 2241 O Street, Lincoln, NE 68510

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	1992	Club Wagon	1FBJS31HXNHB13729	2/14/17

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

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

This vehicle will be used to haul equipment and donations.

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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Pat Walsrecht
Authorized Signature

Executive Assistant

2/14/17

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Skidz
Signature of County Treasurer

2-22-17

Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

DKB



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM
457

Applicant Name

First Evangelical Free Church

Type of Organization

Nonprofit Corporation

Other (specify)

Street or Other Mailing Address

3280 S. 84th Street

County

Lancaster

City

Lincoln

State

NE

Zip Code

68506

State Where Incorporated

Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Elder Board, Chairman	Justin Schulz, 7550 Plum Creek Dr, Lincoln NE 68516
Elder Board, Secretary	Michael Courtney, 3731 N. 62nd St, Lincoln, NE 68507
Elder Board, Treasurer	Dennis Florom, 7200 S. 42nd St, Lincoln, NE 68516

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 Ram Truck	2007	2500 ST/SLT	3D7KS26D57G800667	March, 2017
Manufactured 5' x 8' Trailer	1994		99543930	March, 2017
Ford Cutaway Van	2000	4DC	1FDXE45S3YHB64448	March, 2017
Manufactured Trailer	2000	Enclosed Cargo	4X4TSE412YN020704	March, 2017

Primary Uses of Motor Vehicle

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Carolyn Miller
Authorized Signature

Financial Administrative Assistant

2/16/17

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibby
Signature of County Treasurer

2-22-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

Stibby



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.

Applicant's Name

Street or Other Mailing Address

City



**Homestead
Presbytery**
8300 East Pointe Road
Lincoln, NE 68506

County

Lancaster

Zip Code

State Where Incorporated

Type of Ownership

Nonprofit Corporation

Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR MEMBERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Presbyter	Mr. Richard Wyatt 7916 Colby St. Lincoln, NE 68505-3080

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	2017	Equinox	2GNALCEK5H6212717	2-15-17

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use:

_____ %

Give detailed description of use, including an explanation if multiple use classifications exist: *For Executive Presbyter to attend church activities and meetings, visit pastors and governing boards, visit churches in worship, lead worship, preach, transport material for displays and presentations in churches, and provide carpooling for church members participating in these activities and meetings.*

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Richard W. Wyatt
Authorized Signature

Executive Presbyter
Title

2-15-17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hilborn
Signature of County Treasurer 2-22-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature _____
Date

DICK



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.

Applicant's Name <i>LUTHERAN FAMILY SERVICES OF NEBRASKA, INC</i>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address <i>2301 "D" STREET</i>		County <i>Lincoln</i>	
City <i>Lincoln</i>	State <i>Ne</i>	Zip Code <i>68510</i>	State Where Incorporated <i>NE</i>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
CHAIR	<i>Susan Lewis Mutual of Omaha Plaza Omaha NE 68175</i>
VICE-CHAIR	<i>Debbie Flaster 10200 Regency Blvd Omaha NE 68114</i>
SECRETARY	<i>Edith Harris 124 S. 24th Street, Suite 230 Omaha NE 68102</i>
TREASURER	<i>Kim Suchman KBMG 1212 N. 96th Street Suite 300 Omaha NE 68114</i>

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
<i>FORD</i>	<i>1993</i>	<i>Ecovoline Van E250</i>	<i>1 FTFE24430HB85193</i>	<i>FEBRUARY</i>
<i>FORD</i>	<i>2001</i>	<i>TR E350</i>	<i>1 FBSS3PL14 HA 08097</i>	<i>FEBRUARY</i>

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Authorized Signature

Title

Date

Susan M. Peterson

Director of Property

2-8-17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Date

Andy Shibley

2-22-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

DLA



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

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

Applicant's Name: Cux Center for the Arts

Street or Other Mailing Address: 2601 N. 48th St.

City: Lincoln State: NE Zip Code: 68524 County: Lancaster

Type of Ownership:
 Nonprofit Corporation
 Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Board Chair	Trent Wilcox 9138 Saint Gregory Circle Lincoln, NE 68522
Vice Chair	Kate Rivers 405 W. Walnut Road Raymond NE 68428
Treasurer	Tom Tallman 2330 Walnut Street Lincoln, NE 68522
Secretary	Ann Pagen 184 Twin Bridge Road Lincoln, NE 68524

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	2015	Econoline Van	1PTNE24W8EDB1295	12/3/10

Exempt Uses of Motor Vehicle

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

To transport art making materials + equipment to teach art classes for predominately low-income children + adults

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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

[Signature]
Authorized Signature

Executive Director
Title

2.9.17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: _____

[Signature]
Signature of County Treasurer

2.24.17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: _____

Authorized Signature

Date

DICA



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.

Applicant's Name: Northern Lighthouse 6141 N. 14th St

Street or Other Mailing Address: Lincoln City NE State 68521 Zip Code

County: Lancaster State Where Incorporated

Type of Ownership:
 Nonprofit Corporation
 Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<u>Sam Keyzer</u>	<u>1730 meadow Lark Cir Lincoln, NE 68521 Pastor</u>
<u>Jonathan Keyzer</u>	<u>2740 "R" St Apt 2 Lincoln, NE 68503 assoc. pastor</u>
<u>Karen Keyzer</u>	<u>1730 meadow Lark Cir Lincoln, NE 68521 Treas.</u>
<u>Jode Wilbur</u>	<u>2927 Dudley Lincoln, NE 68503 Board member</u>

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
<u>Gmc. ES SUV</u>	<u>2003</u>	<u>15 Passenger</u>	<u>1GJHG39U331205566</u>	<u>Sept 2016</u>
<u>Dodge</u>	<u>1996</u>	<u>12 Passenger</u>	<u>2B5WB35ZXTK136242</u>	
<u>Dodge</u>	<u>2000</u>	<u>15 Passenger</u>	<u>2B5WB35Z0YK179611</u>	
<u>International</u>	<u>1996</u>	<u>Thomas bus</u>	<u>1HYBBAAN85H2019E4</u>	<u>Oct 2015</u>

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 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:

Transport people to & from worship services & other church related activities

If No, give percentage of exempt use: _____ %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Karen Keyzer
Authorized Signature

Treasurer
Title

2-4-17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hly
Signature of County Treasurer

2-24-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

2/17