



# 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**

Applicant's Name <b>Christ Place</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>1111 Old Cheney Rd.</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68512</b>	State Where Incorporated <b>NE</b>

**IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION**

Title	Name, Address, City, State, Zip Code
President	Rick Lorimer, 6052 Chartwell Lane, Lincoln NE 68516
Treasurer	Chet Bennetts, 12121 West Denton Rd, Denton NE 68339
Secretary	Cle Mangram, 3117 N. 64th Street, Lincoln NE 68507

**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	1999	WSD	1FBSS31L4XHB81147	March 2017
Ford	1999	WSD	1FBSS31L5XHB35830	March 2017
MNFD	1995	2WH	1WC200D11S1066739	March 2017
Thomas & Co	1997	BUS	1T7HT3B2XV1155556	March 2017

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:

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** ▶

*Susan J. Luke*  
Authorized Signature

*Executive Assistant*  
Title

*3-15-17*  
Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

▶ *Andy Hibbs*  
Signature of County Treasurer

*3-17-17*  
Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

▶ \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_ Date

*DICA*



# 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

Applicant's Name <b>City Impact</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address <b>1035 N 33rd St.</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68503</b>	State Where Incorporated <b>Nebraska</b>

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Craig Ames, 1035 N. 33rd St., Lincoln, NE 68503
Vice President	Ed Osborn, 1035 N. 33rd St., Lincoln, NE 68503
Treasurer	Greg Thomsen, 1035 N. 33rd St., Lincoln, NE 68503
Secretary	Sandra Hilsabeck-Hastings, 1035 N. 33rd St., 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	2012	Van	IFBSS3BL5CDB00396	3/17
Ford	2012	Van	IFBSS3BL6CDA11369	3/17
Ford	1998	Van	IFBSS31S5WHA53263	3/17

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

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

Vans are used to provide transportation for your and families to clubs, events and camps in order to fulfill the mission of City Impact to share the transforming hope and love of Jesus Christ in urban neighborhoods through holistic youth and family programming and community investment.

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

*Jane Harbentow*  
Authorized Signature

Finance Manager

3/1/17

Title

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

*Andy Stibitz*  
Signature of County Treasurer

3-20-17

Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Authorized Signature

Date

*DKA*



# 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

Developmental Services of Nebraska, Inc.

Type of Ownership

Nonprofit Corporation

Other (specify):

Street or Other Mailing Address

5701 Thompson Creek Blvd, Ste 200

County

Lancaster

City

Lincoln

State

NE

Zip Code

68516

State Where Incorporated

Nebraska

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
CEO Emeritus	Scott Lefevre, 5701 Thompson Creek Blvd, Ste 200, Lincoln, NE 68516
VP	Justin Gulbrandson
CEO	Brian Kanter
CDO	Roger Stortenbecker

### 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
see attached list				

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:

Vehicles are used to transport person with developmental disabilities, staff, and administration from work, school, and appointments.

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

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

*Andy Hildy*  
Signature of County Treasurer

3-17-17  
Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Authorized Signature

Date

*DIA*

	Model	Card#	VIN	New License#	Passenger	Color
2006	Chevrolet Uplander		1GNDU23L06D196381	2028	7	White
2014	Dodge Grand Caravan SE		2C4RDGBG9ER276513	2029	7	White
	Dodge Grand Caravan sxt	68	2D4GP44L56R855462	2042 2045	Wheelchair	White
2014	Dodge Grand Caravan SE		2C4RDGBG4ER365857	2043	7	Dark Blue
2014	Ford Fusion SE	66	3FA6P0HD2ER247935	2064	5	
2015	Ford Fusion	70	3FA6P0H73FR293785	2274	5	
2014	Dodge Grand Caravan SE		2C4RDGBG6ER365858	2281	7	Black
2014	Dodge Grand Caravan SE		2C4RDGBGXER261566	2282	7	White
2003	Pontiac Grand Prix GT	48	1G2WP52KX3F107242	2286	5	Black
2014	Dodge Grand Caravan SE		2C4RDGBG9ER227702	2287	7	Silver
2014	Dodge Grand Caravan SE		2C4RDGBG7ER226189	2290	7	Tan
2014	Dodge Grand Caravan SE		2C4RDGBG3ER227280	2292	7	Dark Blue
2008	Dodge Grand Caravan SE	52	1D8HN44H98B177269	2294	7	White
2014	Dodge Grand Caravan SE		2C4RDGBG1ER328295	2296	7	White
2014	Dodge Grand Caravan SE		2C4RDGBG0ER365855	2451	7	Dark Blue
2014	Ford F 150 STX		1FTFX1EF4EKE38833	6274		White
2014	Ford F 150 STX		1FTFX1EF3EFB76666	6275		White
2014	Dodge Grand Caravan SE		2C4RDGBGXER129181	6276	7	Tan
2014	Dodge Grand Caravan SE		2C4RDGBG3ER328296	6277	7	Maroon
2014	Dodge Grand Caravan SE		2C4RDGBG2ER308704	6278	7	White
2014	Dodge Grand Caravan SE		2C4RDGBG1ER226625	6279	7	Silver
2014	Dodge Grand Caravan SE		2C4RDGBG6ER317101	6280	7	White
2014	Dodge Grand Caravan SE		2C4RDGBG5ER273995	6281	7	Silver
2014	Dodge Grand Caravan SE		2C4RDGBG1ER187308	6282	7	Tan
2014	Dodge Grand Caravan SE		2C4RDGBG7ER339852	6283	7	Maroon
2014	Dodge Grand Caravan SE		2C4RDGBG8ER365859	6284	7	White
2014	Dodge Grand Caravan SE		2C4RDGBG9ER328044	6285	7	Dark Blue
2014	Dodge Grand Caravan SE		2C4RDGBG2ER365856	6286	7	Dark Blue
2014	Dodge Grand Caravan SE		2C4RDGBG4ER166940	6287	7	Gray
2014	Dodge Grand Caravan SE		2C4RDGBG7ER340869	6288	7	Maroon
2014	Dodge Grand Caravan SE		2C4RDGBG7ER331511	6289	7	Black
2014	Dodge Caravan		2C7WDGBG4ER220324	6297		White
1996	GMC Topkick		1GDJ7H1M2TJ505323	6430		
2014	Ford Fusion		3FA6POG73ER103273	6431	5	Black
			Trailer	XKC050		
2014	Ford Escape		1FMCU9GX6EUD94205	6442		
2016	Ford Fuslon		3FA6P0H77GR303641	6296		
2016	Dodge Caravan		2C7WDGBG4GR195511			



# 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 Dialysis Center of Lincoln			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 7910 O Street		County Lancaster	
City Lincoln	State NE	Zip Code 68510	State Where Incorporated Nebraska

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
CEO/Administrator	Larry Emerson 7910 O Street Lincoln, NE 68510
CFO	Karel Sysel 7910 O Street Lincoln, NE 68510
Board of Directors	Please see attached

### 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	2004	Cutaway Van E350	1FDSE35L04HA12439	

Exempt Uses of Motor Vehicle:  
 Agricultural/Horticultural   
 Educational   
 Religious   
 Charitable   
 Cemetery

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

Used for the transportation of dialysis related equipment and supplies to and from non-profit hospital and DCL related non-profit dialysis units located in Lincoln, NE for the purpose of providing routine dialysis treatments at hospitals and out patient dialysis units.

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

Karel S. Sysel  
Authorized Signature

C. FO  
Title

3/13/2017  
Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Andy Nelson  
Signature of County Treasurer

3-27-17  
Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

DCA

**Dialysis Center of Lincoln, Inc.  
Members-Board of Directors**

1. Mr. John T. Woodrich  
Bryan/LGH Medical Center East  
1600 South 48<sup>th</sup> Street  
Lincoln, NE 68502
2. Ms. Kim S. Moore  
Saint Elizabeth Regional Medical Center  
555 South 70<sup>th</sup> St.  
Lincoln, NE 68510
3. Ms. Lisa M. Vail  
Bryan Medical Center  
1600 South 48<sup>th</sup> Street.  
Lincoln, NE 68510
4. Mr. Dan Shonlau  
Saint Elizabeth Regional Medical Center  
555 South 70<sup>th</sup> St.  
Lincoln, NE 68502

**Dialysis Center of Lincoln, Inc..  
Officers**

1. Larry C. Emerson, CEO  
Dialysis Center of Lincoln  
7910 "O" St.  
Lincoln, NE 68502
2. Karel S. Sysel CFO  
Dialysis Center of Lincoln  
7910 "O" St.  
Lincoln, NE 68502



# 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 <b>Grace Chapel - Lincoln (Presbyterian Church in America)</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>4000 Sheridan Blvd.</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68506</b>	State Where Incorporated <b>NE</b>

**IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION**

Title	Name, Address, City, State, Zip Code
President	Benjamin Loos, 4345 Prescott Ave, Lincoln, NE 68506
Treasurer	Greg Baker, 1039 S. 11th St, Lincoln, NE 68508
Secretary	Ben Davy, 5635 Randolph St, 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	2014	Club Wagon	1FB5S3BLZEDAR1695	03-02-2017

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:  
**Will use to transport people to and from religious gatherings and events or charitable events. Church will also use to haul supplies needed for church 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** \_\_\_\_\_ **Office Manager** \_\_\_\_\_ **3/24/17**  
Authorized Signature Title Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL    COMMENTS: \_\_\_\_\_  
 DISAPPROVAL    \_\_\_\_\_

\_\_\_\_\_ **3-27-17**  
Signature of County Treasurer Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL    COMMENTS: \_\_\_\_\_  
 DISAPPROVAL    \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date

*DTA*



# 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 <b>Lincoln Baptist Church</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address <b>P.O. Box 82002 / 1205 F Street</b>			County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68501-2002</b>	State Where Incorporated <b>Nebraska</b>	

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Todd Painter, 2757 S. 13th Street, Lincoln, NE 68502
Secretary	Tammy Painter, 2757 S. 13th Street, Lincoln, NE 68502
Treasurer	Megan Miller, 319 S. 25th 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
Chevy Van	2001	15 passenger	IGAHG39R211208211	4/2017

Exempt Uses of Motor Vehicle:

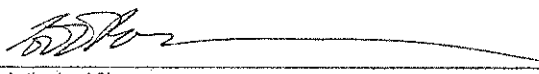
Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

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:

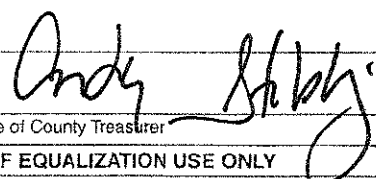
Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not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

**sign here**  \_\_\_\_\_  
Authorized Signature Title Date  
Pastor/President 3/7/17

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

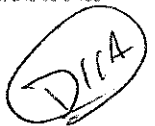
 \_\_\_\_\_  
Signature of County Treasurer Date  
3-17-17

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_  
Authorized Signature Date







# 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**

Applicant's Name <b>Lincoln church of Christ</b> 402.466.3113		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address <b>820 North 56 Street</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68504</b>	State Where Incorporated <b>NE</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
ELDER	DAN FRASER 230 PARKVALE STREET LINCOLN, NE 68510
ELDER	CHRIS SALES 8145 MACKENZIE ROAD LINCOLN, NE 68505

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 WSD	1999	Van	1FBSS31L2XHB45148	12/2000

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:  
**To transport children/adults to church functions within and out of the City limits.  
 There will be no income received from this property.**

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** \_\_\_\_\_ **Bookkeeper**      3-4-17  
Authorized Signature      Title      Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL      COMMENTS: \_\_\_\_\_

DISAPPROVAL      \_\_\_\_\_

\_\_\_\_\_ **3-27-17**  
Signature of County Treasurer      Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL      COMMENTS: \_\_\_\_\_

DISAPPROVAL      \_\_\_\_\_

\_\_\_\_\_ Authorized Signature      Date





# 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**

Applicant's Name <b>MESSIAH LUTHERAN CHURCH &amp; SCHOOL</b>				Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address <b>1800 S 84<sup>TH</sup> STREET</b>		County <b>LANCASTER</b>		
City <b>LINCOLN</b>	State <b>NE</b>	Zip Code <b>68506</b>	State Where Incorporated <b>NEBRASKA</b>	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
EXEC. BUS. DIR.	ERIK ROELANDER 2943 N 90 <sup>TH</sup> ST. LINCOLN NE 68507
CHAIRMAN	CHRIS SCHAEDEL 10120 SHORE FRONT DR. LINCOLN, NE 68527
TREASURER	STEVE SIEK 5625 LASALLE ST. LINCOLN, NE 68516
CORP. SECRETARY	KAREN MILLER 8616 AUGUSTA DRIVE LINCOLN, NE 68521

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 I2 PASS	2013	SPORT VAN	1FBNE3BL3DDA84527	MARCH 2017
FORD I2 PASS	2013	SPORT VAN	1FBNE3BL7DDA99354	MARCH 2017

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:

THESE VEHICLES ARE USED FOR RELIGIOUS AND EDUCATIONAL PURPOSES ONLY (I.E. - PICK-UP AND DROP OFF MEMBERS FOR WORSHIP SERVICES, SPECIAL CHURCH AND/OR SCHOOL EVENTS, FIELD TRIPS, YOUTH TRIPS, CHILDRENS ACTIVITIES, MENS AND/OR WOMENS MINISTRY EVENTS), ETC.

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  
 Exec. Bus. Dir. 3/22/2017

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL    COMMENTS: \_\_\_\_\_  
 DISAPPROVAL

\_\_\_\_\_  
 Signature of County Treasurer Date  
 3-27-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL    COMMENTS: \_\_\_\_\_  
 DISAPPROVAL

\_\_\_\_\_  
 Authorized Signature Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

D11



# 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  
**Nebraska United Methodist Foundation**

Street or Other Mailing Address  
**100 W Fletcher Ave Ste 100**

City  
**Lincoln**

State  
**NE**

Zip Code  
**68521**

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
Board Chair	Loren Lindahl, 551 N Linden Ave. Wahoo NE 68066
Board Vice Chair	Janice Japp, 12318 Douglas Cir Omaha NE 68154
Board Treasurer	Larry Harvill, 621 Ave C Cozad NE 69130
Board Secretary	Rev. Lance Clay, P.O. Box 5048 Grand Island NE 68802

### 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
Nissan Rogue	2013	Rogue Four-Door AWD 4 Cylinder	JN8AS5MV0DW103119	

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural  
 Educational  
 Religious  
 Charitable  
 Cemetery

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

Executive Director and other staff travel to United Methodist Churches and Camps throughout Nebraska, delivering sermons, developing church endowment funds, stewardship, estate planning and other programs, speaking to individuals and groups.

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

Executive Director

03/06/2017

Title

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Signature of County Treasurer

Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Authorized Signature

Date

DICAS



# 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 <b>Priestly Fraternity of St. Peter, dba OUR LADY OF GUADALUPE SEMINARY</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>Post Office Box 147</b>		County <b>Lancaster</b>	
City <b>Denton</b>	State <b>NE</b>	Zip Code <b>68339</b>	State Where Incorporated <b>Connecticut</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President	Fr. John Berg, 450 Venard Road, South Abington Township, PA 18411
Vice-President	Fr. Josef Bisig, 7880 W. Denton Road, Denton, NE 68339
Secretary	Fr. Gerard Saguto, 450 Venard Road, South Abington Township, PA 18411
Treasurer	Fr. Simon Harkins, 450 Venard Road, South Abington Township, PA 18411

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
<b>Toyota Sienna</b>	<b>2017</b>	<b>mini-van</b>	<b>5TDKZ3DC3HS799611</b>	<b>3/07/17</b>

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

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

**Transportation of priests and seminarians to church and other charitable work locations.  
Transporting of guests, priests and other religious persons to and from the Seminary.**

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** \_\_\_\_\_ **Business Manager**    **3/14/2017**  
Authorized Signature    Title    Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_ **3-20-17**  
Signature of County Treasurer    Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_  
Authorized Signature    Date

**PLEASE RETAIN A COPY FOR YOUR RECORDS.**





# 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 <b>Priestly Fraternity of St. Peter, dba OUR LADY OF GUADALUPE SEMINARY</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>Post Office Box 147</b>		County <b>Lancaster</b>	
City <b>Denton</b>	State <b>NE</b>	Zip Code <b>68339</b>	State Where Incorporated <b>Connecticut</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President	Fr. John Berg, 450 Venard Road, South Abington Township, PA 18411
Vice-President	Fr. Josef Bisig, 7880 W. Denton Road, Denton, NE 68339
Secretary	Fr. Gerard Saguto, 450 Venard Road, South Abington Township, PA 18411
Treasurer	Fr. Simon Harkins, 450 Venard Road, South Abington Township, PA 18411

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>DEC. OPTION</i> Toyota Prius	2017	5-door hatchback	JTDKBRFU6H3031989	3/07/17

Exempt Uses of Motor Vehicle:

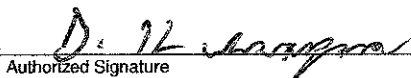
Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

Are the motor vehicles used exclusively as indicated?  
 YES     NO

Give detailed description of use, including an explanation if multiple use classifications exist:  
Transportation of priests and seminarians to church and other charitable work locations.  
Transporting of guests, priests and other religious persons to and from the Seminary.

If No, give percentage of exempt use: \_\_\_\_\_ %

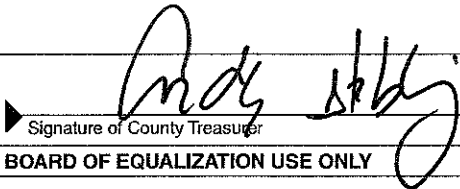
Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not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

**sign here**  Business Manager 3/14/2017  
Authorized Signature Title Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL    \_\_\_\_\_

 3-20-17  
Signature of County Treasurer Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL    \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date

*Doc*



# 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 <b>Priestly Fraternity of St. Peter, dba OUR LADY OF GUADALUPE SEMINARY</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address <b>Post Office Box 147</b>		County <b>Lancaster</b>	
City <b>Denton</b>	State <b>NE</b>	Zip Code <b>68339</b>	State Where Incorporated <b>Connecticut</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President	Fr. John Berg, 450 Venard Road, South Abington Township, PA 18411
Vice-President	Fr. Josef Bisig, 7880 W. Denton Road, Denton, NE 68339
Secretary	Fr. Gerard Saguto, 450 Venard Road, South Abington Township, PA 18411
Treasurer	Fr. Simon Harkins, 450 Venard Road, South Abington Township, PA 18411

*Dec option*

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
Subaru Crosstrek	2016	5-door hatchback	JF2GPAKC8G8294459	2/27/17

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:  
Transportation of priests and seminarians to church and other charitable work locations.  
Transporting of guests, priests and other religious persons to and from the Seminary.

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** *D. R. [Signature]* Business Manager 3/14/2017  
Authorized Signature Title Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

*Andy [Signature]* 3-21-17  
Signature of County Treasurer Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_  
Authorized Signature Date

*[Handwritten mark]*



# 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

Applicant's Name: School Sisters of Christ the King

Street or Other Mailing Address: 4100 SW 56<sup>th</sup> St.

City: Lincoln NE State: NE Zip Code: 68522

County: Lancaster State Where Incorporated: NE

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 Conley P.O. Box 80328 Lincoln NE 68501
Vice President	Mother Joan Paul, CKD 4100 SW 56 <sup>th</sup> St. Lincoln NE 68522
Treasurer	Sister Margaret Mary, CK 4100 SW 56 <sup>th</sup> St. Lincoln NE 68522

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
Nissan Versa Note SV	2017	FWD Hatchback	3NICE2CP5HL361101	3-20-17

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:  
Transportation for religious community, grocery shopping as well as educational opportunities.

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** Sister Margaret Mary Secretary Treasurer 3/13/17  
Authorized Signature Title Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

Andy Stibj 3-27-17  
Signature of County Treasurer Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_  
Authorized Signature Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

*DRU*



# 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**

Applicant's Name <b>Sesostris Shrine</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address <b>1050 Saltillo Rd</b>		County <b>Lancaster</b>		
City <b>Roca</b>	State <b>NE</b>	Zip Code <b>68430</b>	State Where Incorporated <b>Nebraska</b>	

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Potentate	Keith Will, 3442 Dudley, Lincoln, NE 68503
Chief Rabban	Gothard Friesen, 6151 Blackstone Rd, Lincoln, NE 68526
Recorder	William Cummins, 9620 S 30th, Lincoln, NE 68516
Treasurer	Henry Schultz, 5240 La Salle, 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
See Attached List				

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural  
  Educational  
  Religious  
  Charitable  
  Cemetery

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

Participate in parades to promote Shriners Hospitals for Children and general business. To transport patients and their families to Shriners, Hospitals for Children.

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

*William H. Cummins*

Title

Recorder

Date

3-10-17

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Signature of County Treasurer

*Andy Stiboj*

Date

3-17-17

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Authorized Signature

Date

*Handwritten initials*



Registration - Total Listing

Vehicle Make	Model Year	Body Type	Vehicle ID	License #	Name	Value
Dodge	2011	Wagon	2D4RN5DG2BR6296719	2319	Hospital-Columbus	29955
Dodge	2012	Wagon	2C4RDGDG9CR179242	2130	Hospital-Charcoal	25750
Dodge	2016	Wagon	2C4RDGCG0GR354484	2314	Hospital-Charcoal	26945
Dodge PU	1976	Pick Up	D14BE6S254436	2430	Keystone Kops	0
Chevrolet	2003	Dr Ext Cab	2GCEC19T0311803	2317	Gray General	12995
Chrysler	2007	town/Country	2A4GP54L77R135112	2315	Blue General	27443
Chrysler	2010	town/Country	2A4RR5D16AR137474	2316	Silver General	27893
Ford Model-T	1923	Modle T	Motor#8231800	Hist 1405	Hillbilly	2500
Willy's	1948	Jeepster	73022	Hist 17740	Parade	750
Cushman	1980	Cushman	P227913	none	Temple	150
Home Made Trailer	1980	2 wheel utility	2W0MINH000002861	XKB 650	Temple	750
Home Made Trailer	1986	2 wheel utility	621 TRLR	XKB 652	RR Trailer	1500
Home Made Trailer	1999	2 wheel utility 4X8	none	XKB 655	Grill	1000
Home Made Trailer	2001	6X12 Trailer	none	XKB 661	Hospital Float	1054
Home Made Trailer	2003	5X8 Trailer	none	XKB 657	Calliope	12000
Home Made Trailer	2011	8X16 2 wheel	none	XKA 690	Keystone Kops	750
Carry On Trailer	2000	5X10 2 wheel Trlr	4YMUK1012YH031481	XKB 656	Football Float	585
Carry On Trailer	2007	Utility	4YMUL14167M043985	XKB 658	Hillbilly Model T	1310
Continental	2001	Utility	4X4TSE41X1N019404	XKB 660	Rit Divan	3000
Home Made Grill Trlr	2008	2 wheel #790	none	XKB 659	Temple	2000
Aluma Utility Trailer	2017	Utility	1YGUS1019HB156386		Hospital Float	1470

Registration Listing - Trailers

Vehicle Make	Model Year	Body Type	Vehicle ID	License #	Name	Value
Home Made Trailer	1980	2 wheel utility	2W0MINH000002861	XKB 650	Temple	750
Home Made Trailer	1986	2 wheel utility	621 TRLR	XKB 652	RR Trailer	1500
Home Made Trailer	1999	2 wheel utility 4X8	none	XKB 655	Grill	1000
Home Made Trailer	2001	6X12 Trailer	none	XKB 661	Hospital Float	1054
Home Made Trailer	2003	5X8 Trailer	none	XKB 657	Calliope	12000
Home Made Trailer	2011	8X16 2 wheel	none	XKA 690	Keystone Kops	750
Carry On Trailer	2000	5X10 2 wheel Trlr	4YMUK1012YH03148	XKB 656	Football Float	585
Carry On Trailer	2007	Utility	4YMUL14167M04398	XKB 658	Hillbilly Model T	1310
Continental	2001	Utility	4X4TSE41X1N019404	XKB 660	Rit Divan	3000
Home Made Grill Trlr	2008	2 wheel #790	none	XKB 659	Temple	2000
Aluma Utility Trailer	2017	Utility	1YGUS1019HB156386		Hospital Float	1470

## Registration Vehicle Listing

Vehicle Make	Model Year	Body Type	Vehicle Id	License #	Name	Value
Dodge PU	1976	Pick Up	D14BE6S254436	2430	Keystone Kops	0
Chevrolet	2003	Dr Ext Cab	2GCEC19T0311803	2317	Gray General	12995
Chrysler	2007	town/Country	2A4GP54L77R135112	2315	Blue General	27443
Chrysler	2010	town/Country	2A4RR5D16AR137474	2316	Silver General	27893



# 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 Tabitha, Inc.			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 4720 Randolph Street		County Lancaster County	
City Lincoln	State NE	Zip Code 68510	State Where Incorporated Nebraska

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Christie Hinrichs, 4720 Randolph St. Lincoln NE 68510
Vice President	Darcie Brink, 4720 Randolph St. 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
32 Vehicles, (see list attached)				

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:

Skilled and Long Term Care nursing facility, Hospice, Home Health Care, all a part of Tabitha Inc and all non-profit.

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

Director Supply Chain Ops

3/6/17

Title

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Signature of County Treasurer

Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Authorized Signature

Date

DLCB

**Tabitha Health Care**  
**4720 Randolph Lincoln Nebraska 68510**  
www.tabitha.org

Phone: 402-486-8542

FAX: 402-484-9666

**Vehicle List - Location and Driver by Tag No**

\* denotes Out Of Service

Tag No	Veh No	Year	Make	Model	Style	VIN	Location	Department	Employee ID
2036	37	2006	Ford	E350	Cube Truc	1FDSE35L86DB31624	Warehouse	Supply Chair Operatio	0002
2037	38	2006	Ford	E350	Cube Truc	1FDSE35L56DB31629	Warehouse	Supply Chain Operati	0002
2056	36	2013	Nissan	Rogue	SUV	JN8AS5MVXDW608424	GracePointe Garage	Corporate 782806220	0003
2098	24	2010	Dodge	Caravan	Ramp Van	2D4RN4DE8AR215593	Trans LMEP Lot	Transportation 78320	0003
2099	25	2002	Lincoln	Town Car -	Car	1LNHM97V02Y686165	GracePointe - GP Garag	GracePointe	0010
2195	21	2006	Ford	E-150	Van	1FTRE14W06DB44243	Warehouse	Supply Chain Operati	0002
2201	29	1996	Chevrolet	Boom	Truck	1GBK34F4TJ103618	Maint.-Oakmont Garage	Maintenance 781006	0006
2205	12	2008	Subaru	Impreza N	Car	JF1GE61688H524957	West Reserved Parking	Home Health 787806	0007
2206	11	2008	Subaru	Impreza S	Car	JF1GE61648H508383	Home Health-Seward	Home Health 787806	0007
2207	13	2009	Subaru	Impreza Y	Car	JF1GE61659H510676	Home Health-York office	Home Health 787806	0007
2208	14	2009	Subaru	Impreza Li	Car	JF1GE61619H513848	Heather Rs Home	Home Health 787806	0007
2209	17	2010	Dodge	Caravan -	Mini Van	2D4RN4DE9AR121156	West Reserved Parking	Corporate 782806220	0003
2210	06	1997	Chevrolet	Astro	Mini Van	1GNEL19W3VB217118	West Reserved Parking	Supply Chainr Operati	0002
2212	23	2005	Chevrolet	Silverado	Pick Up	1GCHK24U15E336031	West Reserved Parking	Maintenance 781006	0006
2214	07	2008	Dodge	Caravan	Mini Van	1D8HN44H78B100254	West Reserved Parking	Corporate 782806220	0003
2219	32	2002	Dodge	Grand Car	Van	2B4GP44352R719823	Dietary-West Lot	Dietary 7824062200	0011
2226	33	2012	Dodge	Sport Van -	Handicap	2C4RDGBGXCR298646	TOC - Crete	ToC Transportation	0004
2278	34	2008	Chevrolet	Silverado	Reg Cab 4	1GCHK24K08E136891	Maint.-Oakmont Garage	Maintenance 781006	0012
4146	26	1988	Chevrolet	Pick Up	Pick Up	1GCDK4K14JE119896	Garden Square-Crete	8012062200	0006
<del>5287</del>	<del>30</del>	<del>2008</del>	<del>Ford</del>	<del>Passenger</del>	<del>E-350 Sup</del>	<del>1FTSS34L08DB51180</del>	<del>Trans LMEP Lot</del>	<del>Transportation</del>	<del>0001</del>
5288	31	2001	Ford	F-250 Sup	Pick Up	1FTNX21F81EA34028	Crete - TOC	ToC Transportation	0004
6452	39	2006	Ford	Five Hundr	4 door sed	1FAFP25146G113720	GracePointe Garage	Corporate 782806220	0003
6855	43	2011	Ford	E350 Cuta	Truck	1FDWE3FL8BDA79584	Warehouse	Supply Chain Operati	002
6885	28	1996	Ford	C3S Club	Van	1FBJS31H6THA97686	Warehouse	Supply Chain Operati	
<del>RLP 467</del>	<del>10</del>	<del>2006</del>	<del>Ford</del>	<del>E-350</del>	<del>Van</del>	<del>1FBSS31L361HB49360</del>	<del>Village - Lincoln</del>	<del>Village Transportation</del>	<del>0009</del>
RLP 473	01	2006	Ford	E-450	Bus	1FDXE45S76DA25170	Trans LMEP Lot	Transportation 78320	0001
RLP 474	02	2006	Ford	E-450	Bus	1FDXE45S16DA25178	Trans LMEP Lot	Transportation 78320	0001
RLP468	15	2010	Ford	E-450	Bus	1FDFE4FS7ADB00761	Garden Square	ToC Transportation	0004
TMP284	40	2014	Ford	Senator II	Bus	1FDFE4FS9EDA99179	Trans LMEP Lot	Transportation 78320	0001
TMP417	16	2009	Ford	E-450	Bus	1FDFE45S99DA92899	Trans LMEP Lot	Transportation 78320	0001
TZJ990	35	2013	Ford	Supreme	Bus	1FDE4FS6DDA25247	Crete - TOC	ToC Transportation	0004
XFR204	41	2016	Trailer	Dump Styl	Trailor	533DB1523GC251756	Crete - Lincoln	Maintenance 771206	Maintenance
XKA883	27	1980	Homemad	Flatbed Tr	2 wheel	XXXXXXXXXXXXXXXXXX	Maint.-Oakmont Garage	Maintenance 781006	0006
XRM288	44	2017	H&H	DB1	Trailor	533DB1228HC262761	Grounds	Maintenance	Grounds

Phone: 402-486-8542

Tabitha Health Care  
4720 Randolph Lincoln Nebraska 68510  
www.tabitha.org

FAX: 402-484-9666

**Vehicle List - Location and Driver by Tag No**

\* denotes Out Of Service

Tag No	Veh No	Year Make	Model	Style	VIN	Location	Department	Employee ID
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~~34~~ Total Vehicles Listed  
32