



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 Catholic Social Services			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address 2241 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
President	Bishop James D. Conley, 3400 Sheridan Blvd, Lincoln, NE 68506
Vice President	Rev. Msgr. Timothy J. Thorburn, 3400 Sheridan Blvd, Lincoln, NE 68506
Secretary Treasurer	Rev. Christopher K. Kubat, 2241 O Street, Lincoln, NE 68506

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	Focus, 4 door sedan	1FADP3F29EL259346	April 5, 2017

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 transport counselors to various counseling sites in and around southern Nebraska

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 Waubrecht
Authorized Signature

Executive Assistant

April 5, 2017

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Nibby
Signature of County Treasurer

4-12-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

DCA



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To be filed with your county treasurer.
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Applicant's Name: Connecting Pointe Church of the Nazarene

Street or Other Mailing Address: 1901 South 70th St. City: Lincoln State: NE Zip Code: 68506

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
Senior pastor	DOUG AHEBERRY 6950 South St. Lincoln NE 68506
Assistant director	KATIE LAUER 3415 G Road SYRACUSE NE 68446

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	2009	Van	1FB5531LAXH805186	04/17 to 04/18
Ford	2005	Van	1FBNE31L65HA11714	04/17 to 04/18

Exempt Uses of Motor Vehicles:
 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:

Transporting children to & from school, field trips, various lessons. Childcare center errands

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 Katie Lauer Assistant director 04/07/17
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shippy 4-12-17
 Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

 Authorized Signature Date

DLG



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

Applicant's Name NEBRASKA WESLEYAN UNIVERSITY			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 5000 ST. PAUL AVE		County LANCASTER	
City LINCOLN	State NE	Zip Code 68504	State Where Incorporated NEBRASKA

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
PRESIDENT	FRED OHLES 5000 ST. PAUL AVE LINCOLN, NE 68504
VP-FINANCE	TISH GADE-JONES 5000 ST. PAUL AVE LINCOLN, NE 68504
CONTROLLER	GREG MASCHMAN 5000 ST. PAUL AVE LINCOLN, NE 68504

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	4DR SDN LS	1G1ZB5ST0HF147605	03/27/17
CHEVROLET	2017	4DR SDN LS	1G1ZB5ST4HF143413	03/27/17

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

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

USED BY EMPLOYEES FOR THE BUSINESS OF CARRYING OUT THEIR ASSIGNED DUTIES. EMPLOYEES ARE NOT ALLOWED TO USE THE VEHICLE FOR PERSONAL PURPOSES.

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

Tish Gade-Jones

VP-FINANCE

Title

03/28/17

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hibby

Signature of County Treasurer

4-12-17

Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

DCA