



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: Christian Church (DOC) in Nebraska

Street or Other Mailing Address: 237 S. 70th St., Ste. 221

City: Lincoln State: NE Zip Code: 68510 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
Intentional Interim Regional Minister	Katrina M. Palan, 6520 Campbell Dr., 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
Subaru	2015	D51	4S4BSBAC0F3309526	3/2017

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:
Transportation of Church guests or items; Driving to meetings and regional churches; Driving to classes, events, conventions, 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

Katrina M Palan
Authorized Signature

Intentional Interim Regional Minister
Title

4-20-2017
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibbig
Signature of County Treasurer

4-24-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

AM



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: connecting Pointe church of the Nazarene

Street or Other Mailing Address: 1901 South 70th St County: Lancaster

City: Lincoln State: NE Zip Code: 68506 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 Atteberry 6950 South St. Lincoln NE 68506
assistant director	Kate 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	1999	Van	1FBSS31LAXHB051A6	04/17 to 04/18
Ford	2005	Van	1FBNE31L65HA11714	04/17 to 04/18

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

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

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 Kate Lauer Assistant Director 04/07/17

Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

Andy Hildey 4-18-17

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.

Applicant's Name First Baptist Church				Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address 1340 K Street			County Lancaster		
City Lincoln	State NE	Zip Code 68508	State Where Incorporated Nebraska		

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Pastor	Harry Riggs, 1925 Sewell, Lincoln, NE 68502
Moderator	Malinda Jean Baptiste, 1546 N 60th Street, 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 12 passenger	2011	passenger van	1FBNE3BL9BDA42702	05/01/2016

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 church events and to pick up and deliver children to and from church services and events.

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 *Susan Howell* _____ Facilities Deacon _____ 4/21/17
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____
 DISAPPROVAL

Andy Skibby _____ 4-25-17
 Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____
 DISAPPROVAL

 Authorized Signature Date

DKM



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 First Lutheran Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 1551 South 70th 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
Lead Pastor	Dan Warnes 1551 South 70th St Lincoln, NE 68506
Associate Pastor	Justin Eller 1551 South 70th St Lincoln, NE 68506
Council President	Steve Eicher 8601 Echo Ct Lincoln, NE 68520

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
Toyota Sienna	2007	Van	5TDZK23C27S040736	4/2016

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

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

Bryan Hanson _____ **Church Accountant** _____ **4-12-2017**
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Andy Hilkey _____ **4-17-17**
 Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

 Authorized Signature Date

aw



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 Lincoln and Lancaster County Child Guidance Center			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2444 O Street		County Lancaster	
City Lincoln	State NE	Zip Code 68510	
State Where Incorporated NE			

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Kathryn McLeese Stephenson, 2444 O Street, Lincoln, NE 68510
President	Jennifer Carter, 941 O Street, Lincoln, NE 68502
President-Elect	John Neal, 3600 Diablo Drive, Lincoln, NE 68516
Secretary	Ed Wimes, 9216 Whispering Wind Road, Lincoln, NE 68512

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
GMC	2016	Savanah Van	1GJW7FFF1G1277631	04/2017

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:

This vehicle is used to transport residential clients to and from appointments and outings.

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

Brad Schitz
Authorized Signature

Finance Director

4/5/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Abbey
Signature of County Treasurer

4-17-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

dw

LINCOLN Medical Education Partnership

Strengthening Community through Health Education, Research & Patient Care

Board of Directors FY 2016-2017

Chairman

Kim Moore, RN, MSN, NEA-BC ✓

(SERMC)

President

CHI Health St. Elizabeth

555 S. 70th Street

Lincoln, NE 68510

Term: 07/14 – 06/16

Original start date: 09/11

Phone: (402) 219-7700

Fax: (402) 219-8973

E-mail: kmoore@stez.org

Vice Chairman

Korby Gilbertson (At-Large) ✓

Attorney/Lobbyist

Radcliffe & Associates

100 The Mayfair

625 S 14th Street

Lincoln, NE 68508

Term: 01/16 -

Original start date: 01/16

Phone: (402)

Email: KorbyG@radcliffeandassociates.com

Secretary/Treasurer

Mark Hutchins, M.D. (Bryan Health) ✓

Nebraska Hematology Oncology, PC

4004 Pioneer Woods Drive

Lincoln, NE 68506

Term:

Original start date: 01/11

Phone: (402) 484-4900

E-mail: mhutchins@yourcancercare.com

LMEP President

Alan Linderman, M.D. ✓

President & CEO

Lincoln Medical Education
Partnership

4600 Valley Road

Lincoln, NE 68510-4844

Original start date: 10/08

Phone: (402) 327-6801

Fax: (888) 741-1081

E-mail: alinderman@lmeop.com

Lawrence Bausch, M.D. (Bryan Health) ✓

6724 Forest Lake Place

Lincoln, NE 68516

Original start date: 07/10

Phone: (402) 730-7432

Email:

lawrence.bausch@bryanhealth.org

Carolyn Cody, M.D. (Bryan Health) ✓

Breast & General Surgical Specialties

Bryan Health

2222 S 16th Street

Suite 430

Lincoln, NE 68502

Original start date: 09/07

Phone: (402) 483-8570

E-mail: carolyn.cody@bryanhealth.org

George Hansen, M.D. (SERMC) ✓

Autumn Ridge Family Medicine

5000 N 26th Street

Lincoln, NE 68521

Original start date: 03/12

Phone: (402) 784-8400

E-mail: ghansen@stez.org

Eric Mooss (Bryan Health) ✓

President, Bryan Physician

Network

Bryan Health

2300 S. 16th Street

Lincoln, NE 68502

Original start date: 04/16

Phone: (402) 639-8614

E-mail: eric.mooss@bryanhealth.org

Carol Ott Schacht (At-Large) ✓

Vice President

University of Nebraska - Lincoln

3200 S 31st Street

Lincoln, NE 68502

Term: 12/16 – 12/18

Original start date: 12/16

Phone: (402) 525-0442

E-mail: c.ottschacht@unl.edu

Samip Patel (At-Large) ✓

Vice President

Cornhusker Bank

1101 Cornhusker Highway

Lincoln, NE 68521

Term: 01/16 – 01/18

Original start date: 01/16

Phone: (402) 310-6147

E-mail: samipp@cornhuskerbank.com

LMEP Resident Physician:

Anna Dalrymple, M.D.

Lincoln Family Medicine Program

4600 Valley Road

Lincoln, NE 68510

Term: 07/15 – 06/17

Phone: (402) 483-4591

Fax: (402) 483-5079

E-mail: adalrymple@lmeop.com

Student Board Member:

Garrett Miles

1545 R Street

Lincoln, NE 68508

Term: 10/15 – 10/17

Phone: (605) 731-9416

E-mail: garrettmiles@gmail.com



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>Redeemer Lutheran Church</i>			Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): <i>Church</i>	
Street or Other Mailing Address <i>510 S. 33rd St.</i>		County <i>Lancaster</i>		
City <i>Lincoln</i>	State <i>NE</i>	Zip Code <i>68510</i>	State Where Incorporated	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<i>President</i>	<i>Jeff Becke 4501 W. High Ridge Rd Lincoln, NE 68522</i>
<i>Treasurer</i>	<i>Daryl Bell 608 N. 86th Lincoln, NE 68505</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>2003</i>	<i>Van</i>	<i>1FDSS3LL43H 829504</i>	<i>4/17</i>

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 youth to events.
Transport members to church.

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

Cindy Duree _____ *Financial Secretary* _____ *3-21-17*
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hibby _____ *4-17-17*
Signature of County Treasurer 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

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

FORM 457

Applicant's Name

St. Monicas Home

Street or Other Mailing Address

120 Wedgewood Drive

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
Chief Officer of Organizational Growth	Mary Barry-Magsamen, 120 Wedgewood Dr, Lincoln, NE 68510
Chief Operations Officer	Gail Javorsky, 120 Wedgewood Dr, Lincoln, NE 68510
Director of Finance	Tammy Hayes, 120 Wedgewood Dr, Lincoln, NE 68510
Board President	Sharon Cirens, 120 Wedgewood Dr, Lincoln, NE 68510

DESCRIPTION OF THE MOTOR VEHICLES

• Attach an additional sheet, if necessary.

- See attached. -KS

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Ford	2009	Ecoline E350 van	1FBNE31L49DAS4798	4/2017
Chevrolet	2008	E25	1GAGG25K581232723	4/2017
Honda	2006	EXL	5FNRL38736B424123	4/2017
Mercury	1997	TTR	3MELM15PKVR603654	4/2017
Dodge	1997	GCV	2R46P2435VR302971	4/2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

Vehicles are used to transport clients in residential substance abuse treatment programs to and from living locations and treatment, meetings, and appointments.

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

Chief Oper. Officer

Date

4-11-17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS:

DISAPPROVAL

Signature of County Treasurer

Date

4-17-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS:

DISAPPROVAL

Authorized Signature

Date

<u>Make</u>	<u>Model Year</u>	<u>Body Type</u>	<u>Vehicle ID Number</u>	<u>Registration Date</u>
Toyota	2004	SLT	5TDZAZ2C24S006473	4/2017
Honda	2005	UYE	5FNRL38405B103239	4/2017
Dodge	2005	CSE	1D4GP25B75B111031	4/2017

April Option



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 The Catholic Bishop of Lincoln			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address * 3400 Sheridan Boulevard		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
President	James D. Conley, 3400 Sheridan Blvd., Lincoln, NE 68506
Vice-President	Timothy J. Thorburn, 3400 Sheridan Blvd., Lincoln, NE 68506
Secretary-Treasurer	Daniel J. Rayer, 3400 Sheridan Blvd., Lincoln, NE 68506
Director	Mark D. Huber, 3400 Sheridan Blvd., 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
Buick Lacrosse	2006	4 Door Sedan	2G4WC582061110673	April 2017
Ford F150	1999	Pickup	1FTZF1821XKB91671	April 2017
Honda Odyssey	1999	Van	2HKRL185XXH517954	April 2017
Eagle	1993	Utility Trailer	102290955	April 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:

These vehicles are used by the Chancery staff in pursuance of the educational, religious, charitable and administrative endeavors of the Diocese of Lincoln which covers all the territory in Nebraska south of the Platte River.

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

Vice-President

4/3/2017

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Date

4-17-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature _____ Date _____

April Option



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 The Catholic Bishop of Lincoln			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 3400 Sheridan Boulevard		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
President	James D. Conley, 3400 Sheridan Blvd., Lincoln, NE 68506
Vice-President	Timothy J. Thorburn, 3400 Sheridan Blvd., Lincoln, NE 68506
Secretary-Treasurer	Daniel J. Rayer, 3400 Sheridan Blvd., Lincoln, NE 68506
Director	Mark D. Huber, 3400 Sheridan Blvd., 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
Buick Lucerne CX	2008	4 Door Sedan	1G4HP57278U187157	April 2017
Carry-on	2007	Utility Trailer	4YMUL06197M040523	April 2017
Chevrolet Impala	2005	4 Door Sedan	2G1WF52E159262887	April 2017
Avenger	2001	Utility Trailer	4T6AB20291M012818	April 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:

These vehicles are used by the Chancery staff in pursuance of the educational, religious, charitable and administrative endeavors of the Diocese of Lincoln which covers all the territory in Nebraska south of the Platte River.

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

Vice-President

Title

4/3/2017

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

4-17-17

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

**FORM
457**

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

Applicant's Name <i>Temple Baptist Church</i>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):	
Street or Other Mailing Address <i>4940 Randolph</i>			County <i>Lancaster</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
<i>Treasurer</i>	<i>Dennis Garbins 4325 Washington Lincoln NE 68506</i>
<i>Treasurer</i>	<i>Nathan Weichold 644 N. 95th " " 68505</i>
<i>Treasurer</i>	<i>Math West 841 School House Lane " " 68512</i>
<i>Pastor</i>	<i>Jeremy Penned 815 S. 34th " " 68510</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>2003</i>	<i>WSD</i>	<i>1FBNE31L53HA61856</i>	<i>3/2015</i>
<i>Ford</i>	<i>2002</i>	<i>WSD</i>	<i>1FBNE31S92AR04715</i>	<i>3/2015</i>
<i>Honkmark</i>	<i>2001</i>	<i>Tractor</i>	<i>16HCB08111H084456</i>	<i>3/2015</i>

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 to transport people & luggage for various church activities (camps, retreats, weekly ministries, etc.)

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 _____ *Pastor* _____ *4-10-17*
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

_____ *4-17-17*
 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.

DIVA