



# 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>Catholic Bishop of Lincoln DBA Calvary Catholic Cemetery &amp; Mausoleum</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>3880 L Street</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68510</b>	State Where Incorporated

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

Title	Name, Address, City, State, Zip Code
President	Bishop James D Conley, PO Box 80328, Lincoln, NE 68501
Vice President	Msgr. Timothy Thorburn, PO Box 80328, Lincoln, NE 68501

### 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
Load Trailer	2015	5 x 10 Dump	4ZEDT1020F1081662	

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:  
Haul dirt, mulch, trees, etc

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 *Norma Weyand* Office Manager 4-4-17  
Authorized Signature Title Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL    \_\_\_\_\_

*Andy Skibby*    5-6-17  
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.

*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: 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	Dina Attieberry 1901 South St Lincoln NE 68506
Assistant director	Kate Lawer 345 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
Dodge	2017	van	2CAR0G868ER2A0974	04/2017

#### 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:  
Transporting children to & from school, field trips, and various lessons. Daycare errands.

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 Lawer  
Authorized Signature

assistant director  
Title

4/28/17  
Date

#### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

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

DISAPPROVAL

Andy Stibby  
Signature of County Treasurer

5-6-17  
Date

#### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

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

DISAPPROVAL

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

\_\_\_\_\_  
Date

*Handwritten initials*



# 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 Cornhusker Council, Boy Scouts of America				Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):	
Street or Other Mailing Address PO Box 269			County Lancaster		
City Walton	State NE	Zip Code 68461	State Where Incorporated Nebraska		

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

Title	Name, Address, City, State, Zip Code
President	Chris Hove, 2402 Ridge Road, Lincoln, NE 68512
Treasurer	Richard Kohel, 1540 Skyline Dr, Lincoln, NE 68506
Secretary	Chris Blum, 1530 N 87th St, 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
Carry-On Trailer Corporation	2015	Cargo Trailer	4YMCL1011FM016158	04/30/2016
Carry-On Trailer Corporation	2015	Cargo Trailer	4YMCL1013FM016128	04/30/2016
HMDE (Trailer)	1995	Utility Trailer		04/30/2016

Exempt Uses of Motor Vehicle:  
 Agriculture/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:  
 All uses are Scouting related

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.

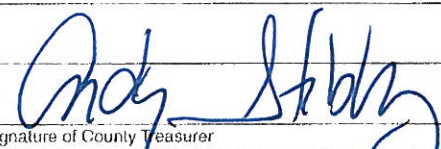
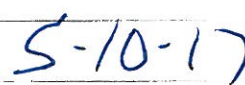
**sign here**  Executive Director 

Authorized Signature Title Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

 Date 

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>Cornhusker Council, Boy Scouts of America</b>				Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address <b>PO Box 269, 600 S 120th Street</b>			County <b>Lancaster</b>		
City <b>Walton</b>	State <b>NE</b>	Zip Code <b>68461-0269</b>	State Where Incorporated <b>NE</b>		

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

Title	Name, Address, City, State, Zip Code
President	Chris Hove, 2402 Ridge Road, Lincoln, NE 68512
Treasurer	Richard Kohel, 1540 Skyline Dr, Lincoln, NE 68506
Secretary	Chris Blum, 1530 N 87th St, 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
Dodge	2015	Truck	3C63RRGL0FG523425	04/30/2016
Dodge	2015	Van	2C4RDGBG9FR530271	04/30/2016
Dodge	2015	Van	2C4RDGBG0FR530272	04/30/2016
H & H Trailer	2007	Gooseneck Trailer	4J6H025247B086702	04/30/2016
Flatbed Trailer	2001	4-Wheel Flatbed	4160LF18241B031902	04/30/2016

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** \_\_\_\_\_ Executive Director    04/28/2017  
 Authorized Signature    Title    Date

#### FOR COUNTY TREASURER RECOMMENDATION

- APPROVAL  
 DISAPPROVAL

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

\_\_\_\_\_  
 Signature of County Treasurer    5-10-17  
 Date

#### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

- APPROVAL  
 DISAPPROVAL

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

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

*(P110)*



# 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>Indian Hills Community Church</i>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <i>1000 S. 84th St.</i>		County	
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>Senior Assoc Pastor</i>	<i>Jeff Horn 1000 S 84th St. Lincoln, NE 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>2009</i>	<i>15 pass van</i>	<i>1FBSS31L09NA55863</i>	
<i>Chevrolet</i>	<i>2008</i>	<i>15 pass van</i>	<i>1GAGG2SK381153746</i>	
<i>Ford</i>	<i>2010</i>	<i>15 pass van</i>	<i>1FBSS3BL2ADA2003</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:

*Picking up people for church on Wednesdays & Sundays*  
*Transporting groups to camps, retreats, day trips within Nebraska*

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

*[Signature]*      *Senior Associate Pastor*      *5/5/2017*

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

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

DISAPPROVAL

Signature of County Treasurer

Date

*[Signature]*      *5-6-17*

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

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

DISAPPROVAL

Authorized Signature

Date

\_\_\_\_\_

*[Handwritten initials]*



# 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 Literacy Council</b>				Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify)
Street or Other Mailing Address <b>745 S 9th St</b>		County <b>Lancaster County</b>		
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68508</b>	State Where Incorporated <b>NE</b>	

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

Title	Name	Address	City	State	Zip Code
Executive Director	Clayton F. Naff	3310 S 27th St	Lincoln	NE	68502
Board President	Cynthia Martinez	6000 Rokeby Rd	Lincoln	NE	68516
First Vice President	David Williams	2509 Rathbone Rd	Lincoln	NE	68502
Second Vice President	Kelly Neill	2717 S 12th St	Lincoln	NE	68502

**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 E350	2002	Econoline Wagon E350 SUP	1FBNF31L12HA20204	4/19/2016

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:

VAN IS USED FOR DOOR TO DOOR TRANSPORTATION FOR ENGLISH LANGUAGE LEARNERS WITH SPECIAL TRANSPORTATION NEEDS.

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

Exec. Director

Date

4/12/2017

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL

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

DISAPPROVAL

Signature of County Treasurer

Date

5-10-17

**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 <b>Madonna Rehabilitation Hospital</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address <b>5401 South Street</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68502</b>	State Where Incorporated <b>Nebraska</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President and CEO	Paul Dongilli, 5401 South Street, Lincoln NE 68506
Chief Financial Officer	Victor Witkowicz, 5401 South 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 Fusion SE FWD 4DR	2017	SEDAN	3FA6POHD9HR254367	5/3/2017

Exempt Uses of Motor Vehicle:

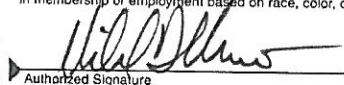
Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

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:  
Licensed by the state of Nebraska as a Rehabilitation Hospital. Madonna provides rehabilitation, Long Term Care and Nursing Home services. Madonna also provides community medical transportation. These services are provided as a non-profit organization as described in 501(C)(3) of the IRS code.

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  
General Counsel 5/4/2017

FOR COUNTY TREASURER RECOMMENDATION

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

 \_\_\_\_\_  
Signature of County Treasurer Date  
5-6-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

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

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

Nebraska Department of Revenue 96-253-2006 Rev. 8-2011 Supersedes 96-253-2006 Rev. 5-2009 Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3.185, and 60-3.189

PLEASE RETAIN A COPY FOR YOUR RECORDS.

qfw



# 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>St. Teresa Church</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>735 So. 36th St.</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68510</b>	State Where Incorporated <b>Nebraska</b>

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

Title	Name, Address, City, State, Zip Code
President	James Conley 3400 Sheridan Blvd., Lincoln, NE 68506
Vice-President	Timothy J. Thorburn 3400 Sheridan Blvd., Lincoln, NE 68506
Secretary-Treasurer	Joseph J. Nemecek 735 So. 36th St., Lincoln, NE 68510
Trustees	Daniel Wesolowski 3901 J St., Lincoln, NE 68510 and Stacy Rickel 870 So. 36th 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
Oldsmobile Ciera S	1996	4 Door Sedan	1G3AJ55M5T6377144	5-22-06
International	2003	School Bus	4DRBRABMX3B950858	7/2006

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

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

Ciera - Transportation for religious and educational purposes, school related functions and administrative duties.

International - Transporting children to and from school activities. Also, to transport members St. Teresa Parish to religious and parish 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

*Joseph J. Nemecek*  
Authorized Signature

Chief Administrative Officer

Title

5-1-17  
Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

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

DISAPPROVAL

*Andy Stebbins*  
Signature of County Treasurer    5/8/17  
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

FORM  
457

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

Applicant's Name

Tabitha, Inc.

Type of Ownership

Nonprofit Corporation

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
Ford	2008	3SD	1FTSS34L68DB51180	05/2017

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:

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

Title

5/3/17

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

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

DISAPPROVAL

Signature of County Treasurer

5-10-17

Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

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

DISAPPROVAL

Authorized Signature

Date