



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 Cathedral of the Risen Christ			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 3500 Sheridan Blvd		County Lancaster	
City NE	State NE	Zip Code 68506	
State Where Incorporated NE			

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
P: Bishop James Conley	3400 Sheridan Blvd Lincoln, NE 68506
VP: Msgr. Timothy Thorburn	3400 Sheridan Blvd Lincoln, NE 68506
S/T: Msgr. Robert Tucker	3500 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
INTL	1992	Bus	1HVBBNMP8NH410877	5/17
FORD	2000	PICK-UP	1FTZR15V8YPA81498	5/17

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

Bus: Transportation of pre-school and school students and church members
Pick-Up: Maintenance work for the facility

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

Robert Tucker
Authorized Signature

Rector

Title

Date

7/17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shubert
Signature of County Treasurer

5-18-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

FW



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

Community Blood Bank of the LCMS

Street or Other Mailing Address

100 N 84th ST

City

Lincoln

State

NE

Zip Code

68505

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 NE division	Ellen disalvo 100 N 84th ST Lincoln, NE 68505
CEO	Donald C. Berglund 737 Pelham BLVD ST, Paul, MN 55114

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 form				

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

Richard Smiths
Authorized Signature

Fleet coordinator
Title

5/8/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shoberg
Signature of County Treasurer

5-17-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

M

May 8th, 2017

Vehicle List

<u>Vehicle Make</u>	<u>Model Year</u>	<u>Body Type</u>	<u>VIN #</u>	<u>Reg Date</u>
Blue Bird Coach	1999	Bus	1BDJKCS7XXF081278	5/17
Ford Starcraft	2004	Bus	1FDXE45P44HA78717	5/17
Ford F550	2015	Cargo Van	1FDUF5GY9FEA23437	5/17
Ford E350	2006	Passenger Van	1FBSS31L76DA19485	5/17
Thomas	2009	Motorcoach	1T8UY0B2191111882	5/17
Subaru Forrester	2010	SUV	JF2SH6BC4AH770816	5/17
Subaru Forrester	2010	SUV	JF2SH6BC1AH784026	5/17
Subaru Forrester	2011	SUV	JF2SHBBC1BH735774	5/17
Dodge Gr Caravan	2010	Cargo Van	2D4RN4DE4AR478101	5/17

For Tax Exempt consideration.



Application for Exemption

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM
457

Applicant's Name Family Service Association of Lincoln			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 501 S. 7th Street		County Lancaster	
City Lincoln	State NE	Zip Code 68508-2920	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President	Heidi M Hayes 201 N. 8th St., Ste. 300, Lincoln, NE 68508
President-Elect	Diana Schilf 1248 O St., Ste 550, Lincoln, NE 8508
Secretary/Treasurer	Steven Cass 2837 Brummond Dr., 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
FORD	2008	WSD	1FBSS31L88DA86373	2008
FORD	2008	WSD	1FBSS31L08DB22282	2008
FORD	2008	WSD	1FBSS31LX8DB199938	2008

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

Give detailed description of use, including an explanation if multiple use classifications exist:
Advocacy and human service agency

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 *Julia Thurling* Director of Business & Finance 5/8/17
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

Andy Skiboy 6-5-17
 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.

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: First Slavic Baptist Church

Street or Other Mailing Address: 3801 LaSalle St.

City: Lincoln State: NE Zip Code: 68516

County: Lancaster State Where Incorporated: _____

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

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Treasurer	Vladimir Gatchenko 13434 Jamestown St. Waverly, NE 68462

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 EX2	2001		1GAGG25R111130869	5/17
FORD TRANSIT T-350	2015	SPORT VAN	1FBZXQYMSFKA72366	5/17

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

TRIPS, GENERAL Church USE

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

Vladimir Gatchenko
Authorized Signature

Treasurer
Title

05-08-2017
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Blahy
Signature of County Treasurer

5-17-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature Date

42



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 UNITED METHODIST CHURCH

Street or Other Mailing Address
2723 N. 50

County
LANCASTER

City
LINCOLN

State
NE

Zip Code
68504

State Where Incorporated
NEBRASKA

Type of Ownership

Nonprofit Corporation

Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
PRESIDENT	JACK CHAPIN, 2723 N. 50, LINCOLN, NE 68504
SECRETARY	DAVID SCHOENMAKER, 2723 N. 50, LINCOLN, NE 68504
TREASURER	CHARLES LEYPOLDT, 2723 N. 50, 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
FORD	2006	ECONLINE 350	1FBSS31L86DA77170	

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

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

VEHICLE IS USED EXCLUSIVELY TO TRANSPORT INDIVIDUALS AND EMPLOYEES TO CHURCH ACTIVITIES AND/OR TO SECURE ITEMS RELATED TO CHURCH USE.

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

TREASURER

Date

5/16/17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Date

6-1-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

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

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	2013	Van	GJW7RFG3D1109740	05/2017

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

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

Brad Schiltz
Authorized Signature

Finance Director

Title

5/22/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Schiltz
Signature of County Treasurer

6-1-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

ASW



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filed with your county treasurer.
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**FORM
457**

Applicant's Name: Lincoln Kutz Youth Group

Street or Other Mailing Address: 5241 Garland Ne 68504

City: _____ State: _____ Zip Code: _____

County: Lincoln 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	Terry Payne 912 Gaslight Ln Lincoln Ne 6852
Secretary	Pat Hupp 7905 Humboldt Rd Lincoln Ne 68516
Treasurer	David Breetke 3720 Prescott 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
Nissan	2015	Pathfinder	5N1AR2MMFC646734	5/12/2017

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:

Purpose is to pick up youth age range 6-15 for basketball practices/games or activities associated with the team. Transportation is a huge issue and plays a role in that most parents (single) cannot give rides. Helps solve a major problem.

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. Breetke
Authorized Signature

Treasurer
Title

5/12/2017
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: _____

Andy Stiboy 5-17-17
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: _____

Authorized Signature Date

TRV

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: New Bethel Bible Way Apostolic Temple Church
 Street or Other Mailing Address: 1990 West A Street
 City: Lincoln, Nebraska State: NE Zip/Code: 68501 County: Lincoln 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
<u>Assistant Pastor</u>	<u>JAMES H. THOMPSON 6933 RUTHER AVENUE LINCOLN, NE 68526</u>
<u>Business Manager</u>	<u>CLEVELAND FURBY 5125 WEST PARKBROOK LANE LINCOLN, NE 68528</u>
<u>Corporation Secretary</u>	<u>CURTIS BURMAN 4200 N 17TH ST LINCOLN, NE 68501</u>
	<u>EVERY BRUNSON 4200 N 17TH ST LINCOLN, NE 68501</u>

DESCRIPTION OF THE MOTOR VEHICLES
 • Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
<u>Chevrolet Venture</u>	<u>2014</u>	<u>EXT Sport Van</u>	<u>1S1NAK03E942124018</u>	<u>7-29-2014</u>

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

Are the motor vehicles used exclusively as indicated?
 YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:
Picking up and transporting people to church services and related functions, both local and out of town. Also used for picking up and transporting church supplies.

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

Curly D. Brunson Corporation Secretary 5-7-17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL
 DISAPPROVAL

COMMENTS: _____

Andy Shloby 5-17-17
 Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL
 DISAPPROVAL

COMMENTS: _____

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: Wyuka Cemetery

Street or Other Mailing Address: 3600 'D' ST

City: Lincoln State: NE Zip Code: 68510

County: Lancaster State Where Incorporated: Cemetery

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

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Michael Williams, 3600 'D' 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
1R9BD052XHT522003 Ron's Trailers, Inc.	2017	Dump	1R9BD052XHT522003	3/8/17

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:

USED FOR CEMETERY AND/OR FUNERAL HOME

If No, give percentage of exempt use: _____ %

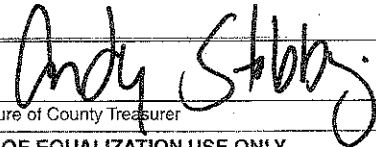
Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not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

sign here  Title: President Date: 5/11/17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL
 DISAPPROVAL

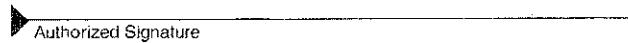
COMMENTS: _____

 Signature of County Treasurer
5-17-17 Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL
 DISAPPROVAL

COMMENTS: _____

 Authorized Signature
____ Date

TW