



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: American Red Cross

Street or Other Mailing Address: 220 OakCreek Dr

City: Lincoln State: NE Zip Code: 68528-1587

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
Board Chair	Denise Malquist 5111 Union Hill Rd Lincoln, NE 68615
Board Co-Chair	Elizabeth Wood 570 Fallbrook Blvd Ste 109 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
Chevy	2002	Suburban	1GNFK16Z62J221364	July 2002
Chrysler	2006	Town & Country	2A4GP54L86R660291	July 2006

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:

Disaster Response & Community Educational Events

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

[Handwritten Signature]

Executive Coordinator

Title

Date

6-5-17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Date

[Handwritten Signature]

6-7-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

40W



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 ANGELIC TEMPLE CHURCH OF GOD IN CHRIST			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): RELIGIOUS
Street or Other Mailing Address 300 NORTH 33RD STREET		County LANCASTER	
City LINCOLN	State NE	Zip Code 68503	State Where Incorporated NEBRASKA

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
PASTOR	MYLES W. DAVIS, SR. 1305 NORTH 25TH STREET LINCOLN, NE 68503
SECRETARY	KENJI MADISON 5520 SOUTH 32ND CIRCLE LINCOLN, NE 68516
TREASURER	SANDRA GAUSE 5340 NORTH 18TH STREET LINCOLN, NE 68521
BOARD MEMBER	MARK DAVIS 2315 WILDWOOD STREET 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
FORD	2004	ECONOLINE VAN	1FB5531L14HA47630	07/05

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

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

THE VEHICLE IS USED FOR TRANSPORTING MEMBERS TO AND FROM CHURCH FUNCTIONS.

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

Sandra Gause
Authorized Signature

TREASURER

06/06/2017

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL
 DISAPPROVAL

COMMENTS: _____

Andy Hilly *6-7-17*
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL
 DISAPPROVAL

COMMENTS: _____

Authorized Signature

Date

HW



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 CEDARS Youth Services			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address 6601 Pioneers Blvd.		County Lancaster		
City Lincoln	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
Chair: Melissa Newton	1111 Lincoln Mall, Lincoln, NE 68508
Vice Chair: Katie Mach	One Talent Plus Way, Lincoln, NE 68506
Vice Chair: Jill Gradwohl Schroeder	1248 O Street, Ste. 600, Lincoln, NE 68508

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	2016	Express Van	1GAWGFFF7G1284194	5/25/17

*Mach
RENEWAL
OPT. MTH*

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 children to school, appointments, meetings or outings. Also, used in the operation of services.

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  **Support Services Manager** **5/25/17**
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

 **6-7-17**
 Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL

 Authorized Signature Date

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 College View Academy			Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): Ed. Instit.
Street or Other Mailing Address 5240 Calvert Street		County Lancaster	
City Lincoln	State NE	Zip Code 68506	State Where Incorporated

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Principal	Brian Carlson, 2472 Lake Street, Lincoln, NE 68502
VP, Finance	Lori Harvey, 1735 South 47th 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
Chrysler Aspen	2008	SUV 7 Passenger	1A8HW58218F147529	9/13/16
Chevy EX3	2004	12 Pass. Van	1GAHG354241134786	06/29/16
Ford E350	2006	12 Pass. Van	1FBNE31L46DA61746	06/29/16

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

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

Transport students for school activities including sporting events, field trips, musical tours, 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

Lori Harvey
Authorized Signature

VP, Finance

Title

06/02/17

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hildy
Signature of County Treasurer

6-7-17
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

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

Applicant's Name Epona Horse Rescue			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 20100 SW 114th St.		County Lancaster	
City Crete	State Ne	Zip Code 68333	State Where Incorporated Ne

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Director/President	Belinda Guyton 20100 SW 114th St Crete Ne 68333
Treasurer	Larry Guyton 20100 SW 114th St Crete Ne 68333
Secretary	Jodi Freeman 6640 Adams 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	2009	F250 Pick up	1FTSX21Y59EA28719	06/2016
TITAN	2009	Trailer	4TGG2020991054069	06/2016

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

The truck and trailer were purchased for the purpose of transporting the rescue horses, responding to rescue calls, and hauling hay or going to rescue functions. This is what they are used for.

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 Belinda Guyton Director 6-9-17
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
Signature of County Treasurer _____ Date _____	

FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
Authorized Signature _____ Date _____	

AM



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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**FORM
457**

Applicant's Name Food Bank of Lincoln			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 4840 Doris Blair Circle, Suite A		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	Molly Brummond, UNL College of Law
Vice-President	Dr. Marilyn Moore, Bryan College of Health Sciences
Secretary	Curt Krueger, Catholic Social Services
Treasurer	Jolena Bartling, Retired

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
Freightliner	2008	24' box with refer	1FVHCYBS78HZ65723	7/2017
Sterling	2004	24' box with refer	2FZACFDDX4AN12731	7/2017
Sterling	2009	24' box with refer	2FZACG8S79AAD7181	
Toyota	2012	Hylander hybrid	JTEDC3EH0C2004255	
Dodge RAM 2500 Truck	2005	Pick up truck	3D7KS28C55G858305	

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:
Picking up donations from donors and delivering to agencies.

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

[Signature]
Authorized Signature

Executive Director

6/1/17

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

[Signature]
Signature of County Treasurer

6-7-17
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

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**FORM
457**

Applicant's Name Good Neighbor Community Center			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2617 Y St		County Lancaster	
City Lincoln	State NE	Zip Code 68503	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Executive Director	Tom Randa - 3622 South 52nd Street
Board Chairman	Marvin Almy - 10541 North 144th Street Waverly, NE 68462
Board Secretary	Carol Leonhardt - 6530 South 66th Street Lincoln, NE 68516
Treasurer	Jerry Wiggle - 1949 North Gale Rd. 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 E-Series Van XLT	2014	Standard Passenger Van	1FBNE3BL8EDA08237	6/12/15

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:
 The van will be used to transport refugees and immigrants to access basic/emergency services, go to medical appointments, gym, and make it possible for them to attend various classes at the Good Neighbor Community Center that will help them become self-sufficient in the long run with an emphasis on health classes. It was acquired from a grant from Community Health Endowment whose goal is to make Lincoln the Healthiest city in the country.

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 **Executive Director** Date **06/07/2017**
 Authorized Signature

FOR COUNTY TREASURER RECOMMENDATION	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
Signature of County Treasurer _____ Date _____	

FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
Authorized Signature _____ Date _____	

PLEASE RETAIN A COPY FOR YOUR RECORDS.



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FORM
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Applicant's Name People's City Mission			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address PO Box 80636, 110 Q St		County Lancaster	State Where Incorporated NE
City Lincoln	State NE	Zip Code 68501-0636	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
CEO	R. Thomas Barber, 2824 Homeland Pl, Lincoln, NE 68521
CFO	Jeff Tyson, 1926 W Mulberry Crt, Lincoln, NE 68522
COO	Amy Pappas, 2904 S 59th St, 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 Starcraft	2016	Bus	1FDEE3FL9GDC21945	05/31/2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:
Used for client and administrative transportation

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

Accounting Manager

06/01/2017

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

**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 Radiant Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 740 N. 70th Street		County Lancaster	
City Lincoln	State NE	Zip Code 68505	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Senior Pastor	Dr. Connie Dawson, 720 N. 70th Street, Lincoln NE 68505
Board Secretary	Warren Lauritzen, 6308 Tangelwood Dr., Lincoln NE 68516
Director	Adam Mayo, 1736 Bedloe Ct., 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	1998	Ram Truck	3B7KF26Z8WM213616	12/20/11
Dodge	2000	Caravan	1B4GP44G6YB568064	2/14/12
Ford	2002	15 passenger van	1FBSS31L52HA46655	12/20/11
Toyota	2002	Highlander	JTEHF21AX20087148	

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:

2000 Dodge Van and 2002 Ford Van are used to transport people to and from church services and activities.

1998 Dodge truck is used for snow removal, moving church equipment, and acquiring church supplies and equipment.

2002 Toyota Highlander is used by Pastors for visitation and transportation to and from various church related events and activities.

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

Rev. Connie Dawson MD
Authorized Signature

Lead Pastor
Title

6-9-17
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



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 Resources for Human Development		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 6131 S 57th st. suite c		County
City Lincoln	State NE	Zip Code 68516
State Where Incorporated		

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Directors	
Craig Casadas	1233 Arapahoe st Lincoln, NE 68502 suite 300
laurie stufft	6131 S 57th st. suite c 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
Kia	2011	Sedona	KU0MG4C77B6366356	June
Dodge	2013	grand caravan	2C4RDGB65DR628159	
Dodge	2014	grand caravan	2C4RDGB68ER174300	

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 at our group homes to transport clients for medical appointments, home visits, or anywhere clients need to get too.

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 Craig Casadas RHD Director at live yes 6/8/17
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
Signature of County Treasurer _____ Date _____	

FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> 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 filled with your county treasurer.
Read instructions on reverse side.

Applicant's Name: Resources for Human Development

Street or Other Mailing Address: 6131 S 57th st, suite c

City: Lincoln State: NE Zip Code: 68516

Type of Ownership: Nonprofit Corporation Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<u>Director</u>	<u>Craig Casados</u>
	<u>1233 Arapahoe st Lincoln, NE 68502 suite 300</u>
	<u>laurie stufft</u>
	<u>6131 S 57th st, suite c Lincoln, NE 68516</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>Honda</u>	<u>2013</u>	<u>Blanca</u>	<u>5UPDH4AE9DH246243</u>	<u>June</u>
<u>Ford</u>	<u>2013</u>	<u>Focus</u>	<u>2FA0P3K28Dh204455</u>	<u>June</u>

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:
office vehicles used for medical appointments and long distant home visits.

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 Craig Casados Director 6/8/17
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL DISAPPROVAL

COMMENTS: _____

Signature of County Treasurer _____ Date _____

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL DISAPPROVAL

COMMENTS: _____

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: Resources for Human Development

Street or Other Mailing Address: 6131 S 57th st. suite c County: _____

City: Lincoln State: NE Zip Code: 68516 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
<u>Directors</u>	
<u>Craig Casados</u>	<u>1233 Arapahoe st Lincoln, NE 68502 suite 300</u>
<u>laurie stufft</u>	<u>6131 S 57th st. suite c Lincoln, NE 68516</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>Ford</u>	<u>2011</u>	<u>Econoline</u>	<u>1FTWU3E1W100B17994</u>	<u>none</u>
<u>Ford</u>	<u>2012</u>	<u>Econoline</u>	<u>1FTWU3E1W0CDA11263</u>	<u>none</u>
<u>Ford</u>	<u>2012</u>	<u>Econoline wagon</u>	<u>1FBU3B14CDB25522</u>	<u>none</u>
<u>Ford</u>	<u>2015</u>	<u>Transit wagon</u>	<u>2FBZKACM5FKA07945</u>	<u>none</u>
<u>Ford</u>	<u>2011</u>	<u>F-150</u>	<u>1FTWU3C5BKD66088</u>	<u>none</u>

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 transport clients to and from work from their group homes
The F-150 is a maintenance truck used by our maintenance man to work on group homes

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 Craig Casados Director (RHO) at 443 6/8/17
 Authorized Signature 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 _____

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 Second Baptist Church				Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): Church	
Street or Other Mailing Address 525 N. 58th St.			County Lancaster		
City Lincoln	State NE	Zip Code 68505	State Where Incorporated Nebraska		

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Senior Pastor	Steve Wisthoff, 331 N. 32nd St., Lincoln, NE 68503
Moderator	Brad Pape, 1116 N. 55th St., Lincoln, NE 68504
Treasurer	Joe Wilcox, 1641 Electwood Dr, Lincoln, NE 68516
Administrative Asst.	Tessa Foreman, 1729 S 9th, 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
G.M.C. Savanna	2001	Van/Bus	1G6TAC39R111165593	June 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:

Transporting Sunday School students and youth to special events and adults to church activities.

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

Tessa J Foreman
Authorized Signature

Administrative Asst.
Title

6-8-17
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

[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: **University of Nebraska Foundation**

Street or Other Mailing Address: **1010 Lincoln Mall, Suite 300**

City: **Lincoln** State: **NE** Zip Code: **68508** 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
President & CEO	Brian Hastings, 1010 Lincoln Mall, Suite 300, Lincoln, NE 68508
Sr. VP & General Counsel	Keith D. Miles, 1010 Lincoln Mall, Suite 300, Lincoln, NE 68508
Assistant Corporate Secretary	Chet Poehling, 1010 Lincoln Mall, Suite 300, Lincoln, NE 68508

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 Camry	2015	SE	4T4BF1FK3FR496503	July 2017
Toyota RAV4	2014	LE	2T3BFREV9EW197818	July 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:

Vehicle will be used for transportation to fundraising events, for donor visits, and in furtherance of other business of the University of Nebraska Foundation in its mission to support the University of Nebraska.

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.

University of Nebraska Foundation

sign here

By: *Chet G. Poehling* Assistant Corporate Secretary 5/30/17
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibitz 6-7-17
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature Date

AM