



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 The American Legion, Department of Nebraska			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address P.O. Box 5205, 5600 P Street		State NE	Zip Code 68505	County 55
City Lincoln	State NE	Zip Code 68505-0205	State Where Incorporated Nebraska	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Department Adjutant	David W. Salak, P.O. Box 5205, Lincoln, NE 68505
Department Assistant Adjutant	Brent Hagel-Pitt, P.O. Box 5205, 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
Chrysler, Pacifica Touring	2017	Mini Van	2C4RC1DG2HR515028	08/17/2016
Dodge, Caravan SXT	2014	Sport Van	2C4RDGCG8ER453020	07/07/2016

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 official travel by Department Officers and staff

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

Brent Hagel-Pitt
Authorized Signature

Assistant Adjutant

07/05/2017

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

[Handwritten signature]

TO BE FILED WITH
YOUR COUNTY
TREASURER

Exemption Application

for Tax Exemption on Motor Vehicles Owned
by Qualifying Nonprofit Organizations
• Read instructions on reverse side

**FORM
457**

Applicant's Name <i>Fellowship Baptist Church</i>			County <i>Lancaster</i>	Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address <i>1515 West South St.</i>			County Number	
City <i>Lincoln</i>	State <i>NE.</i>	Zip Code <i>68522</i>	State Where Incorporated <i>NE.</i>	

Identify Officers, Directors, or Partners	
Title	Name, Address, City, State, Zip Code
<i>Pastor Merle Goodnick</i>	<i>3403 SW 84th Lincoln, NE. 68582</i>
<i>OFFICER Tim Beem</i>	<i>5321 NW 13th Lincoln, NE. 68528</i>
<i>OFFICER Jeff Goodnick</i>	<i>2415 N. 56th Lincoln, NE. 68507</i>

LIST SPECIFIC DESCRIPTION OF THE MOTOR VEHICLES
• Attach additional sheet if necessary

Vehicle Make	Model Year	Body Type	Vehicle Identification Number	Registration Date or Date of Acquisition if Newly Purchased
<i>GMC</i>	<i>2010</i>	<i>YUKON</i>	<i>1GKUKKEFIAR17223</i>	<i>7-2016</i>
<i>Ford</i>	<i>2003</i>	<i>E 350</i>	<i>1FBSJ31583N824175</i>	<i>7-2016</i>
<i>Chrysler</i>	<i>2002 LXI</i>	<i>TOWN & COUNTY</i>	<i>2C4G P54L02R791439</i>	<i>7-2016</i>

Nature of Use of Motor Vehicle:

Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage: _____ %

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

Transportation and other related uses

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

sign here ▶ *Rev. Merle Goodnick* _____ *Pastor* _____ *7-6-17* _____
Authorized Signature Title Date

FOR COUNTY TREASURER'S RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

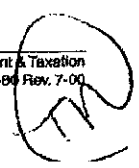
Signature of County Treasurer _____ Date _____

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Authorized Signature _____ Date _____





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**FORM
457**

Applicant's Name Lincoln Literacy Council			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 749 S. 9th Street		County Lancaster	
City Lincoln	State NE	Zip Code 68508	State Where Incorporated NE

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	David Williams, 2509 Rathbone Rd., Lincoln, NE 68502
First Vice President	Janet Eskridge, 128 N. 13th St. Apt. 107, Lincoln, NE 68508
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 Truck	2015	Transit Wagon	1FBZX2ZM0FKA38740	8/15/17

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 Clayton Naff Executive Director 7/3/17
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

M



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FORM
457

Applicant's Name Nebraska Safety Council, Inc.				Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 3243 Cornhusker Hwy, Ste A10		County Lancaster		
City Lincoln	State NE	Zip Code 68504-1592	State Where Incorporated Nebraska	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Executive Director	Laurie Klosterboer - 3243 Cornhusker Hwy, Ste A10, Lincoln, NE 68504-1592
President - Board of Directors	Lin Blodgett - 3243 Cornhusker Hwy, Ste A10, Lincoln, NE 68504-1592
Vice President - Board of Directors	Joanne Bartels - 3243 Cornhusker Hwy, Ste A10, Lincoln, NE 68504-1592
Treasurer - Board of Directors	Brad Crain - 3243 Cornhusker Hwy, Ste A10, Lincoln, NE 68504-1592

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	2009	4 Door Sedan	3N1BC11E89L446173	7/12/2016
Chevrolet	2013	4 Door Sedan	2G1WF5E3XD1117399	6/22/2017

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 used for teen driver education training.

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 7.5.17
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 _____

PLEASE RETAIN A COPY FOR YOUR RECORDS.



7/3/17



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FORM
457

Applicant's Name Villa Marie School			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 7205 N 112th ST		County Lancaster	
City Waverly	State NE	Zip Code 68462	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	James D. Conley, P.O. Box 80328 Lincoln NE 68501
Vice-President	Timothy J. Thorburn, P.O. Box 80328 Lincoln NE 68501
Secretary-Treasurer	John J Perkinson, P.O. Box 80328 Lincoln NE 68501
Board Member	Cecilia Ann Rezac, 6765 N 112th 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
Ford	2003	E-150	1FMRE11L53HA65872	7/29/2004
Chevrolet	2005	Mid Bus	1GBJG31U041160662	4/1/2005
Ford	2010	Sport Van E-150	1FMNE1BI5ADA54520	9/5/2013

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

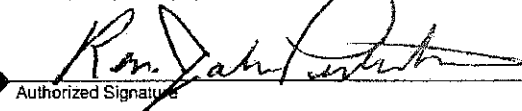
Are the motor vehicles used exclusively as indicated?

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  John J Perkinson Secretary-Treasurer 7/3/2017
 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 _____