

**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 Capital Humane Society			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2320 Park Boulevard		County Lancaster	State Where Incorporated Nebraska
City Lincoln	State NE	Zip Code 68502	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Chair	Jason Otto, 1301 Twin Ridge Road, Lincoln, Ne. 68510
Vice Chair	Frank Savage, 9600 Del Rio Road, Lincoln, Ne. 68516
Secretary	Mary Abel, 6101 South 68th Street, Lincoln, Ne. 68516
President/CEO	Robert A. Downey, 500 Lakeshore Drive, Lincoln, Ne. 68528

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	2010	Pickup 2SK	1GCSKSE32AZ190396	July 2017
Ford	2003	Van 3SD	1FTSE34L53HB05025	July 2017
Chevrolet	2000	Van EX2	1GCGG25R6Y1146051	July 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:
Transporting pets, errands, educational presentations, 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

Authorized Signature

ROBERT A. DOWNNEY
PRESIDENT/CEO
Title

Date

07/06/17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Date

Andy Stiblj 7-12-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

FORM
457

Applicant's Name: Capital City Christian Church

Street or Other Mailing Address: 7800 Holdrege St

City: Lincoln State: NE Zip Code: 68505 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	Doug Porter 2711 N 81 st Lincoln, NE 68507
VP President	Phil B. Havel 7070 Lincolnshire Rd Lincoln, NE 68506
Secretary	Heb Stringham 2231 N 76 th 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
Ford	2012	Van	1FTNS2EL9CDA96629	4/2015 2017
Ford	2011	Van	1FRSS3BL4BD807435	8/2017
Ford	2011	Van	1FPSS3BL9BD810279	8/2017
RAM Trailer	2013	EC12	SS2RIEE13D1000196	8/2017

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:

All vehicles are used for transporting children & adults to and from church sponsored activities either on the weekend or during the week.

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

Laura B. Phelps
Authorized Signature

Property Manager
Title

7/24/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibitz
Signature of County Treasurer

7/28/17
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

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

FORM
457

Applicant's Name Christ Lutheran Church, Lincoln, NE			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 4325 Sumner St		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
Chairman, Lay Leadership Board	Torin Berge, 7724 S 81st St, Lincoln, NE 68516
Vice Chairman	Kyle Kaldahl, 485 Adams St, Bennett, NE 68317
Secretary	Chris Dibbern, 9411 Thornwood Dr, 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	2006	E350 Econoline Wagon	1FBSS31L36DA87606	August, 2016
Ford	2010	E350 Super Duty 1 Ton Bus	1FDEE3FS4ADA90101	August, 2016
Bravo	2017	Cargo Trailer	542BB1229HB017892	December, 2016

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:

Vehicles - transport of Christ School and Christ Lutheran Church students, employees, worshippers, and church groups.
Trailer - transport of tools and equipment for the Lutheran Emergency Response Team, providing help in time of disasters--fires, floods, tornadoes, 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

Authorized Signature

Director of Operations

07/17/2017

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.

FORM
457

Applicant's Name Christ United Methodist Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 4530 A Street		County Lancaster	
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
Senior Minister	Richard Randolph, 4530 A Street, Lincoln, NE 68510
Chair of Ad Council	Joe Nigro, 1905 Dover Ct, Lincoln, NE 68506
Chair of Trustees	Jerry Wray, 1656 Burr 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 Econoline Wagon E350	2010	15 Passenger	1FBSS3BL2ADA77382	8/30/2016

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

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

Used to transport daycare children to and from school and for field trips. Also used by church for mission work in Lincoln and field trips.

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

Joyce Rasmussen
Authorized Signature

Business Administrator

7/17/2017

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stokly
Signature of County Treasurer

7-25-17

Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

Handwritten initials

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Acquisition Date
Ford	2011	F150	1FTEX1EM0BFA79690	August
Nissan	2012	Sentra	3N1AB6AP3CL622342	August
Isuzu	2004	NPR	JALB4B14547004163	August
Nissan	2012	Sentra	3N1AB6AP4CL616503	August
Dodge	2009	Grand Caravan	2D8HN541X9R591611	August
Dodge	2009	Grand Caravan	2D8HN54189R591610	August
Dodge	2003	Caravan SE	1D4GP25B33B115462	August
Dodge	2009	Grand Caravan	2D8HN54119R591609	August
Dodge	2009	Grand Caravan	2D8HN54119R591612	August
Dodge	2009	Grand Caravan	2D8HN54109R591603	August
Ford	1998	Windstar Wagon	2FMZA51U6WBE39953	August
Ford	2002	F150	2FTRX17252CA14942	August
Honda	2015	Odyssey LX	5FNRL5H26FB029711	August
Chevrolet	2016	Traverse LS	1GNKRFED1GJ168982	August
Dodge	2010	Grand Caravan	2D4RN5D16AR411972	August
Nissan	2016	S	5BZBF0AA8GN852141	August
Chevrolet	2011	Silverado K3500	1GCHK73K49F140078	August
Carry On Trailer	2007	7x12WG	4YMUL12177MO46185	August



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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• Read instructions on reverse side.

Print

Reset

FORM
457

Applicant's Name Cornerstone Christian Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 4849 Old Cheney Rd		County Lancaster	
City Lincoln	State NE	Zip Code 68516	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Steven Stolle, 5401 Cornell Rd., Lincoln NE 68516
Vice-President	Herb Waller, 5424 Spruce St., Lincoln NE 68516
Secretary	Steven Houchin, 5300 Yankee Hill Rd., 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
GMC Savana	1999	Minibus	1GDHG31F3X1126548	August 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:

The van is used exclusively for the church and church daycare purposes only, primarily to take kids to and from schools.

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

Steven H Stolle

Authorized Signature

President

Title

7/21,2017

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: _____

Andy Stolle *7/28/17*

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 CrossBridge Christian Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2800 CrossBridge Place		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 & Director	John O'Keefe 4604 Madison Avenue, Lincoln, NE 68504
Secretary & Director	Steven D. Burns 1952 Independence Court, Lincoln, NE 68521
Treasurer & Director	Ken Fairchild 6218 S. 31st Street, Lincoln, NE 68516
Director	Larry D. Schmeiding 8101 N. 1st Street, Lincoln, NE 68531

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	1999	Sport Van	1GNFG15R1X1117066	July 2017
H&H Trailer	2011	Trailer	533TC1627BC206367	July 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 individuals to and from CrossBridge Christian Church and to and from church related activities. This vehicle will also be used to transport volunteers on mission trips in response to disasters and to assist those in need.

The trailer is used to transport tools, supplies and materials in response to disaster relief missions throughout the region and country.

Are the motor vehicles used exclusively as indicated?

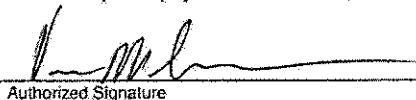
- YES NO

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

Administrator

July 10, 2017

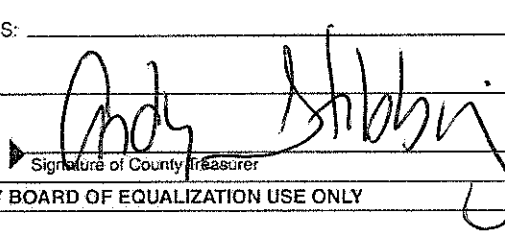
Title

Date

FOR COUNTY TREASURER RECOMMENDATION

- APPROVAL
 DISAPPROVAL

COMMENTS: _____


Signature of County Treasurer

7/14/17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

- APPROVAL
 DISAPPROVAL

COMMENTS: _____

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: Eastbridge Presbyterian Church

Street or Other Mailing Address: 1135 Eastbridge Drive

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
<u>Chairman</u>	<u>Gary Kulan 1135 Eastbridge Drive, Lincoln 68510</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>Goldvan</u>	<u>1998</u>	<u>E350</u>	<u>1FB5531 LXWHR</u> <u>23025</u>	<u>7/2017</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:

Used for transportation for various church activities

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

Gary Kulan
Authorized Signature

Chairman/Trustee
Title

6/21/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stebbins
Signature of County Treasurer

7-12-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

Handwritten initials: cw

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 Baptist Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address P.O. Box 82002/ 1205 "F" Street		County Lancaster	
City Lincoln,	State NE	Zip Code 68501-2002	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Todd Painter, 27547 S. 13th Street, Lincoln, NE 68502
Secretary	Tammy Painter, 2757 S. 13th Street, Lincoln, NE 68502
Treasurer	Megan Miller, 319 S. 25th Street, 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
1995 International	1995	Thomas Bus	1HVBAB155H688603	08/2017

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.
To transport people to and from church and church activities.

If No, give percentage of exempt use:

_____ %

Under penalty of law, I declare that I have examined the application and believe that the information is true, complete, and correct. I also declare that I am duly authorized to sign this application on behalf of the organization owning the above-listed property and that the organization owning the above-listed property does not discriminate in membership or employment on the basis of race, sex, or national origin.

sign here _____ **Pastor/President** _____ **7/7/17**
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

_____ **7/25/17**
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

FORM 457

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

Applicant's Name Lincoln Christian School			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 5801 South 84th Street		County Lancaster	
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
President	Mark Canfield 6948 Kings Court Lincoln, NE 68526
Vice-President	Todd Hohlen 8055 Turnberry Circle Lincoln, NE 68526
Treasurer	Aaron Marshbanks 1545 Sunburst Lane 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
See Attached				

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:

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

Walter D. Pinner
Authorized Signature

Activities Department

7-18-17

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shroy
Signature of County Treasurer

7-25-17

Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

W

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date
FORD	2006	Van	1FBNE31L06DA61288	Aug-17
FORD	2006	Van	1FBNE31LX6HA71898	Aug-17
FORD	2000	F15	1FTZF1721YKA06523	Aug-17
THOM	1997	SAF Bus	1T7HT4B25V1154787	Aug-17
INTL	2000	300 Bus	1HVBGAAR5YA022082	Aug-17
GMC	2003	4 dr extended cab	1GTGK29U13Z303329	Aug-17
Ford	2014	Club Wagon	1FBNE3BL5EDA76625	Aug-17



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	Christine Wilcox, 4243 Pioneer Woods Drive, 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
Chevrolet	2012	Express Van	1GAWGRFA3C1201957	07/2017

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 Schultz
Authorized Signature

Finance Director

Title

Date

7/3/17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibky
Signature of County Treasurer 7/14/17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

M



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 North American Martyrs Church/School			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 1101 Isaac Drive		County Lancaster	
City Lincoln	State NE	Zip Code 68521	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Mos Rev James D Conley 3400 Sheridan Blvd, Lincoln NE 68501
Secretary	Msgr. Timothy Thorburn, 3400 Sheridan Blvd, Lincoln NE 68501
Secretary	Father Brian Connor, 1101 Isaac Drive, 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
Toyota Camry	2008	4dr Sedan LE AT	4T1BE46K48U739463	7/17/2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

Roman Catholic Sisters use the car for transportation to and from school and school 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

Connie Stephens
Authorized Signature

Finance Manager

7/17/2017

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS:

DISAPPROVAL

Andy Shroy
Signature of County Treasurer

7-25-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS:

DISAPPROVAL

Authorized Signature

Date

CSW

