



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: Connecting Pointe Church of the Nazarene

Street or Other Mailing Address: 1901 S 70th St

City: Lincoln State: NE Zip Code: 68506 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
Senior Pastor	Doug Atteberry, 6950 South St., Lincoln, NE 68506
Director	Arlene L Wimes, 5512 Channel 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	2007	Van	1FBSS31LX7DA03380	10/17

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:

Transporting children to and from school, field trips, lessons, and ministry events. Child care center errands.

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

Arlene L Wimes
Authorized Signature

Director

9.20.17

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: _____

Andy Stibitz
Signature of County Treasurer

9-26-17
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

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FORM
457

Applicant's Name EVANGELICAL UNITED LUTHERAN CHURCH (ELCA)			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 5945 FREMONT ST.		County LANCASTER	State Where Incorporated
City LINCOLN	State NE	Zip Code 68507	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
COUNCIL PRESIDENT	JASON SCHMEECKLE 12601 EMMAWALTER RD LINCOLN 68517
COUNCIL VICE-PRESIDENT	ROGER JAQUES 418 MULDER DR. LINCOLN 68510
SECRETARY OF COUNCIL	TIM SESTAK 3323 PRAIRIEVIEW DR LINCOLN 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
CHRYSLER	2007	TOWN & COUNTRY	2A4GP54L77R205630	9-4-2014

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:

USE OF VEHICLE IS TO PICK UP AND RETURN HOME MEMBERS WHO ARE UNABLE TO ATTEND CHURCH BY THEIR OWN MEANS. VEHICLE IS ALSO USED TO TRANSPORT CHILDREN TO CHURCH EVENTS AROUND LINCOLN AND/OR OUT OF TOWN.

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

Karm L Daffer
Authorized Signature

Church Office Secretary
Title

9-18-17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hibby
Signature of County Treasurer

9-26-17
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

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**FORM
457**

Applicant's Name Girl Scouts Spirit of Nebraska			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2121 S 44th St		County Lancaster	
City Omaha	State NE	Zip Code 68105	
State Where Incorporated Nebraska			

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Chief Executive Officer	Fran Marshall, 2121 S 44th St, Omaha, NE 68105

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	2010	Savana Van	1GJZPDG7A1183761	October 2012

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 _____ CFAO 09/22/2017
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____
 DISAPPROVAL

_____ 9-26-17
 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.

CW



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

Print

Reset

FORM
457

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

Applicant's Name
Good Neighbor Community Center

Street or Other Mailing Address
2617 Y Street

City
Lincoln

State
NE

Zip Code
68503

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
Executive Director	Tom Randa, 3622 South 52nd Street, Lincoln, NE 68506
Board President	Kolade Alabi, 430 Terrace Road Lincoln, NE 68505
Treasurer	Jerry Wiggle, P.O.Box 66, Bennett, NE
Board Secretary	Carol Leonhardt, 6530 South 66th Street, 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
IHC - 4100	2007	Conventional Cab with 14' van equipment	3HTMWAFK07N430551	October

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:

The truck will be used for Good Neighbor Community Center's Food Distribution Program.
Picking up food donations from various sites in town.
Picking up miscellaneous donations to be distributed to low income families at the center.

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

- Tom Randa

Executive Director

09/20/17

Authorized Signature

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

9-26-17

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

FORM
457

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

Applicant's Name

Indian Center, Inc

Street or Other Mailing Address

1100 Military Road

County

Lancaster

City

Lincoln

State

NE

Zip Code

68508

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
Executive Director	Barry Walker 1100 Military Road Lincoln, NE 68508
Board Chairman	Joe Rousseau 1925 North 70th Street Lincoln, NE 68505
Board Vice-Chairman	Gerald Pond 1100 Military Road Lincoln, NE 68508
Board Treasurer	Georgiana Lee 1100 Military Road 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
Ford Bus	2008	GC11-Bus	1FD\$E\$SX8DB56812	10/1/17
Chevrolet Truck	2009	C5500	1GBE%C1G09F411725	10/1/17
Ford Van	2004	FVN	2FTZA54604BB19137	10/1/17

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

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

Barry Rousseau
Authorized Signature

Finance Director
Title

9/21/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibbe
Signature of County Treasurer

9-26-17
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

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Applicant's Name Lighthouse			Type of Ownership	
Street or Other Mailing Address 2601 N Street			<input checked="" type="checkbox"/> Nonprofit Corporation	
City Lincoln	State NE	Zip Code 68510	<input type="checkbox"/> Other (specify):	
			County Lancaster	
			State Where Incorporated NE	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
	Peter Allman 3195 Sheridan Blvd. Lincoln NE 68502 / Board President
	Bill Michener 812 Sumner St. Lincoln NE 68502 / Executive Director
	Britt Ehlers 5842 Woodstock Ave. Lincoln NE 68512 / Board Vice President

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	2012	Highlander/Hybrid	JTE DC3EH8C2004066	9/2012

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:
Lighthouse uses the vehicle to pick up donations as well as transporting our youth to events educational and enrichment 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  Executive Director 9/18/17
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

 9-26-17
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.





Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

Applicant's Name: LINH QUANG BUDDHIST CENTER

Street or Other Mailing Address: 3175 W PLEASANT HILL RD

City: LINCOLN State: NE Zip Code: 68523

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	PHI VAN TRAN 3175 W PLEASANT HILL RD LINCOLN, NE 68523
TREASURE	HOANG HO 2300 W DENTON RD LINCOLN, NE 68523
SECRETARY	TU HUU LE 1540 N 31 ST STREET, LINCOLN, NE 68503

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
SUBARU	2011	FORESTER	JF2SHABCOBH765012	
TOYOTA	2008	TUNDRA	5TFBT54188X012643	
TOYOTA	2012	RAV4	2T3BFADV5CW247195	

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: Travel to another state to teach the bible, visit the sick or elderly members in hospital or at home, service the funeral for Vietnamese Buddhist people, use the truck for buy the materials to remodel the building and build the class for Vietnamese language for the young children

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

Hoang Ho
Authorized Signature

Treasurer
Title

9-17-17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shobby
Signature of County Treasurer

9-26-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

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: **MESSIAH LUTHERAN CHURCH & SCHOOL**

Street or Other Mailing Address: **1800 S 84TH STREET** County: **LAWCASTER**

City: **LINCOLN** State: **NE** Zip Code: **68506** 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
EXEC. BUS. DIR.	ERIK BURGMEYER 2463 N 90TH ST. LINCOLN NE 68507
CHAIRMAN	CHRIS SCHAEDEL 10120 SHORE FRONT DR. LINCOLN, NE 68527
TREASURER	STEVE SIEK 5625 LASALLE ST. LINCOLN, NE 68516
CORP. SECRETARY	KAREN MILLER 8616 AUGUSTA DR. LINCOLN, NE 68526

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 GMT-400 K1500	1991	PICKUP	1GCDK14K8M2191813	8/18/2017

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:

THIS VEHICLE WILL BE USED FOR RELIGIOUS AND EDUCATIONAL PURPOSES ONLY. (I.E. HAULING DEBRIS AROUND GROUNDS, SNOW REMOVAL, HELPING WITH MINISTRY RELATED MOVING 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

[Handwritten Signature]

Title

EXEC. BUS. DIR.

Date

9/20/2017

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

[Handwritten Signature]

Date

9-26-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

[Handwritten Mark]

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations
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FORM
457

Applicant's Name: New Bethel Bibleway Apostolic Temple Church
 Street or Other Mailing Address: P.O. Box 20741 County: Darlington
 City: Lincoln State: NE Zip Code: 68501 State Where Incorporated: NE

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

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

	Name, Address, City, State, Zip Code
Pastor	James H. Thompson 6932 Antler Dr. Lincoln, NE 68516
Business Manager	Curtis Burrage 4000 N 17 St. Lincoln, NE 68501
Corporation Secretary	Evelyn Burrage 4000 N 17 St. 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
Chrysler	2009	2A811R44E 19A512545	MP	9-13-17

Exempt Uses of Motor Vehicles:
 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 Church Members to Religious Events at Church both local and out of town. To pick up Supplies for the Church.

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 Evelyn Burrage Authorized Signature Title: Corporation Secretary Date: 9-17-17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL DISAPPROVAL
 COMMENTS: _____
Andy Stiborg Signature of County Treasurer Date: 9-26-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL DISAPPROVAL
 COMMENTS: _____
 _____ Authorized Signature Date: _____

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-2,185, and 60-2,189

PLEASE RETAIN A COPY FOR YOUR RECORDS.