Nebraska Department of REVENUE	from Motor Vehicle T	cation for Ex axes by Qualifying	Nonprofit Orga	nizations	FORM 457
Applicant's Name		Read instructions on reve	rse side.		Type of Ownership
Connecting Pointe Church	of the Nazarene				Nonprofit
Street or Other Mailing Address			Cou	· · · · · · · · · · · · · · · · · · ·	Corporation
1901 S 70th St				Lancaster	Other (specify)
City Lincoln	Stat NE		2000 C	e Where Incorporated NE	***************************************
	NTIFY OFFICERS, DIRECT		THE NONPROFIT	ORGANIZATION	
Title	Name, Address, City, State				
Senior Pastor Director		South St., Lincoln, NE 68			
Director .	Allene L Willies, 5512	Channel Dr., Lincoln, NE	08310		
		RIPTION OF THE MOTOR			
	Attac	h an additional sheet, if	necessary.		Registration Date or
Motor Vehicle Make	Model Year	Body Type	Vehicle	ID Number	Date of Acquisition, if Newly Purchased
Ford	2007	Van	1FBSS31	LX7DA03380	10/17
		***			
xempt Uses of Motor Vehicle:				Are the meter	vehicles used exclusively
aiso deciare that i am duly i	clare that I have examined this a authorized to sign this exemption ent based on race, color, or nati	application, and that the orgi	e best of my knowledge anization owning the ab	a and belief, true, complete sove-listed property does r	and armed I
sian _1					
here Authorized Signature	& Clanz	Title	Director		.20.17
	FOR COUN	ITY TREASURER RECO	MMENDATION	Date	
APPROVAL	COMMENT	-c.			
	COMMENT	$\sim 1$	. 1		
DISAPPROVAL	***************************************	hou	, Shl	h	9-26.
	FOR COUNTY	Signature of County Tres		(-)	Date
APPROVAL	COMMENT				
DISAPPROVAL					
	The state of the s				
		Authorized Signature			Date
					water

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Nebraska Department of REVENUE PROPERTY ASSESSMENT Applicant's Name	App om Motor Vehic	Dication for E cle Taxes by Qualifyin •To be filed with your co •Read instructions on re	g Nonprofit	<b>)N</b> Organizatio	ons	FORM <b>457</b>
EVANGELICAL UNITED LU	THERAN CHURC	CH (ELCA)		il.		Type of Ownership
Street or Other Mailing Address	THE PROPERTY OF THE PARTY OF TH	SII (IIIOII)	W	County	-0.00	Nonprofit Corporation
5945 FREMONT ST.				LANCAST	'ER	
City		State Zip (		State Where I		Other (specify):
ŁINCOLN		NE 685				
		RECTORS, OR PARTNERS	OF THE NONPE	OFIT ORGAN	IIZATION	
Title	Name, Address, City		ACATTAT MED	DD TT	TOOT N	C0E17
COUNCIL PRESIDENT	JASON SCHM		MMAWALTER		NCOLN	68517
COUNCIL VICE-PRESIDENT					NCOLN	68510 68504
SECRETARY OF COUNCIL	TIM SESTAK	3323 PRAIRIE	VIEW DR	لمليل	NCOLN	00304
Motor Vehicle Make		ESCRIPTION OF THE MOTO Attach an additional sheet, Body Type	if necessary.	/ehicle ID Numl	per	Registration Date or Date of Acquisition,
CHRYSLER	2007	TOWN & COUNTRY	24/CP5/	4L77R2056	530	9-4-2014
Exempt Uses of Motor Vehicle:						
Give detailed description of use, including an USE OF VEHICLE IS TO ARE UNABLE TO ATTEND VEHICLE IS ALSO USED AROUND LINCOLN AND?	PICK UP AND CHURCH BY TO TRANSPOR	D RETURN HOME ME THEIR OWN MEANS. RT CHILDREN TO C		NTS	100.50	□ NO ercentage of exempt use: -%
Under penalties of law, I declar also declare that I am duly auth in membership or employment  sign Authorized Signature	orized to sign this exemple based on race, color, or	d this application and that it is, to application, and that the cornational origin.  COUNTY TREASURER RECOUNTY TREASURER RECOUNTY TREASURER RECOUNTY TREASURER RECOUNTY TREASURER RECOUNTY TREASURER RECOUNTY TREASURER REC	L Office a	Secretar	property does	lete, and correct. I s not discriminate
MARROWAL	00:	ALVIE				
APPROVAL	COM	MENTS:				
DISAPPROVAL		Signature of County T	easurer	hloby	•	9-26-1
	FOR CO	UNTY BOARD OF EQUALIZ	ZATION USE ON	ILY (		
APPROVAL	СОМ	MENTS:	*			
DISAPPROVAL	1		- V			

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Date

M

Authorized Signature

Nebraska Department of REVENUE PROPERTY ASSESSMENT	Appli from Motor Vehicle	Cation for Ex Taxes by Qualifying To be filed with your count Read Instructions on reve	Nonprofit Orga	nizations	<b>FORM 457</b>
Applicant's Name			20 2100.		Type of Ownership
Girl Scouts Spirit of Nebras Street or Other Mailing Address	ska				Nonprofit
2121 S 44th St			Cour		Corporation
City		ate Zip Cod		Lancaster	Other (specify):
Omaha	N			Where Incorporated Nebraska	
	NTIFY OFFICERS, DIREC		- Y		-
Title	Name, Address, City, Sta		THE NONFROFIT	ONGANIZATION	
Chief Executive Officer		6 44th St, Omaha, NE 6810	05		
		RIPTION OF THE MOTOR			
Motor Vehicle Make	Model Year	Body Type		ID Number	Registration Date or Date of Acquisition, if Newly Purchased
GMC	2010	Savana Van	1GJZPD0	S7A1183761	October 2012
			_		
Exempt Uses of Motor Vehicle:  Agricultural/Horticultural	<del></del>	ligious X Charitable	Cemetery	as indicated?	shicles used exclusively
Give detailed description of use, including	an explanation is multiple use	classifications exist:		If No, give perce	NO
				%	
In membership or employm	clare that I have examined this authorized to sign this exemptio ent based on race, color, or na		best of my knowledge nization owning the abo	and belief, true, complete, ove-listed property does no	and correct. I t discriminate
sign	Metaton		CFAO	09/2	2/2017
here Authorized Signature	1 1000	Title		Date	2/2011
	FOR COU	NTY TREASURER RECOM	MENDATION	000000000	
APPROVAL	COMMEN				
DISAPPROVAL		<u> </u>	1	11.	0-21-1
		Signature of County Trea	surer //7	51	Date
	FOR COUNT	Y BOARD OF EQUALIZAT			
APPROVAL	COMMEN				
DISAPPROVAL					
		Authorized Signature			
		<ul> <li>Authorized Signature</li> </ul>			Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189



					Print	Reset
Nebraska Department of	App	lication for	r Exemption	n		FORM
PROPERTY ASSESSMENT	rom Motor Vehicl	e Taxes by Quali  To be filed with yo Read instructions	our county treasurer.	Organizations		457
Applicant's Name Good Neighbor Community C	Contor				Т	ype of Ownership
Street or Other Mailing Address 2617 Y Street				County		Nonprofit Corporation
City				Lancas	MON-02000	Other (specify):
Lincoln		State NE	Zip Code 68503	State Where Incorp NE		
	TIFY OFFICERS, DIRE	CTORS, OR PARTNI	ERS OF THE NONPR	OFIT ORGANIZAT	ION	
Title	Name, Address, City,					
Executive Director		South 52nd Street, Lin				
Board President		errace Road Lincoln,	NE 68505	**************************************		
Treasurer	Jerry Wiggle, P.O.E					
Board Secretary	Carol Leonhardt, 65	530 South 66th Street,	, Lincoln, NE 68516			- Al-
		SCRIPTION OF THE National states				
Motor Vehicle Make	Model Year	Body Type	v	ehicle ID Number	D	egistration Date or ate of Acquisition, Newly Purchased
IHC - 4100	2007	Conventional Cab	with 3HTM	MWAFK07N430551		October
		14' van equipme	ent	***		
vac - who						
Exempl Uses of Motor Vehicle:				Arat	be materialis	
11.	Educational []	Religious X CI	haritable Cer	netery as in	dicated?	s used exclusively
			1 100.			
Give detailed description of use, including ar	n explanation if multiple u	se classifications exist:			YES	]ио
The truck will be used for Good	Neighbor Commu	ınitv Center's Foo	d Distribution Pro	gram If No.	, give percentage	of exempt use:
Picking up food donations from					%	
Picking up miscellaneous donat	ions to be distribu	ted to low income	e families at the ce	enter.		
Under penalties of law, I decla	re that I have examined t	his application and that it	is, to the best of my know	vledge and belief, true	e, complete, and	correct. I
also declare that I am duly auti in membership or employmen	norizea to sign this exemp	ition application, and that	the organization owning	the above-listed prope	erty does not disc	riminate
oian A						
sign	- Tom Randa		Executive Di	irector	09/20/	17
here Authorized Signature		Title			Date	<del></del>
	FOR CO	OUNTY TREASURER	RECOMMENDATION	l		
APPROVAL	COMMI	ENTS:				
		$\wedge$ 1	1			
DISAPPROVAL	<del></del>	110	, , , , , , ,	10		2/-1
		(hu	4 /41	OV (	C	1-45-1
		Signature of Cou	unity Treasurer			Date
	FOR COU		JALIZATION USE ON	LY		
					<del></del>	
APPROVAL	COMME	ENTS:				
□ DICARRICO (A)						
DISAPPROVAL	- <del> </del>					

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

Authorized Signature



Nebraska Department of REVENUE DROPERTY ASSENSALENT	from Motor Vehicle	ication for Ex Taxes by Qualifying To be filed with your count Read instructions on rever	Nonprofit Organizations	FORM 457		
Applicant's Name		TIONS THE BUILDING OUT TO THE		Type of Ownership		
Immanuel				Nonprofit		
Street or Other Mailing Address			County	Corporation		
1044 North 115th Street, St			Lancas	Other (specify).		
City		Slate Zip Code Slate Where Incorporated				
Omaha		NE 68154				
	NTIFY OFFICERS, DIRE	CTORS, OR PARTNERS OF	THE NONPROFIT ORGANIZAT	TON		
itle	Name, Address, City, S	4**				
resident		4 North 115th Street, Suite 5				
Secretary/Treasurer	Michael R. Williams	- 1044 North 115th Street, S	uite 500 Omaha NE 68154			
Chair		4 North 115th Street, Suite 5				
ice Chair	Bruce Plath - 1044 N	North 115th Street, Suite 500	Omaha NE 68154			
	DES • Att	CRIPTION OF THE MOTOR	VEHICLES			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased		
ord	2014	El Dorado Bus	1FDFE4FS9DDB31188			
londa	2013	Odyssey Van	5FNRL5H41DB009381	October		
Agricultural/Horticultural  ive detailed description of use, including manuel sponsors healthca reas. Immanuel provides fa ind, body, and spirit. Vehic	g an explanation if multiple us re and senior service icilities and programs	es in Omaha, Lincoln, a s designed to promote l	nd surrounding	the motor vehicles used exclusively dicated?  ]YES NO , give percentage of exempt use:		
Agricultural/Horticultural  live detailed description of use, including nmanuel sponsors healthca reas. Immanuel provides faind, body, and spirit. Vehic ppointments and activities.  Under penalties of law, I de also declare that I am duly	g an explanation if multiple us re and senior service cilities and programs les are used exclusiv eclare that I have examined the	es classifications exist es in Omaha, Lincoln, a s designed to promote i vely for transporting res	nd surrounding nealthy aging of the idents to	JYES NO , give percentage of exempt use:%		
of the detailed description of use, including mmanuel sponsors healthca reas. Immanuel provides far anind, body, and spirit. Vehic ppointments and activities.  Under penalities of law, I did also declare that I am duly in membership or employn	g an explanation if multiple us re and senior service ccilities and programs les are used exclusiv eclare that I have examined it authorized to sign this exemp- nent based on race, color, or	es classifications exist es in Omaha, Lincoln, a s designed to promote h vely for transporting res nis application and that it is, to the tion application, and that the organiational origin.	nd surrounding nealthy aging of the idents to	gyes No  , give percentage of exempt use:  %  e, complete, and correct. I erty does not discriminate		
Agricultural/Horticultural  live detailed description of use, including normanuel sponsors healthca reas. Immanuel provides faind, body, and spirit. Vehic ppointments and activities.  Under penalties of law, I dealso declare that I am duly in membership or employntations.	g an explanation if multiple us re and senior service ccilities and programs les are used exclusiv eclare that I have examined it authorized to sign this exemp- nent based on race, color, or	es classifications exist es in Omaha, Lincoln, a s designed to promote h vely for transporting res his application and that it is, to the stion application, and that the organisational origin	nd surrounding nealthy aging of the idents to	JYES NO , give percentage of exempt use:%		
Agricultural/Horticultural  live detailed description of use, including namanuel sponsors healthca reas. Immanuel provides faind, body, and spirit. Vehicopointments and activities.  Under penalties of law, I dealso declare that I am duly in membership or employn	g an explanation if multiple us re and senior service ccilities and programs les are used exclusiv eclare that I have examined it authorized to sign this exemp- nent based on race, color, or	es classifications exist es in Omaha, Lincoln, a s designed to promote h vely for transporting res nis application and that it is, to the tion application, and that the organiational origin.	nd surrounding nealthy aging of the idents to	gyes No  , give percentage of exempt use:  %  e, complete, and correct. I erty does not discriminate		
Agricultural/Horticultural  live detailed description of use, including namanuel sponsors healthca reas. Immanuel provides faind, body, and spirit. Vehic ppointments and activities.  Under penalties of law, I dealso declare that I am duly in membership or employntations.	g an explanation if multiple us re and senior service cilities and programs les are used exclusive eclare that I have examined the authorized to sign this exempnent based on race, color, or the service of the service eclare that I have examined the service examined the service examined the service examined that I have examined the service examined the servi	es classifications exist es in Omaha, Lincoln, a s designed to promote h vely for transporting res his application and that it is, to the stion application, and that the organisational origin	nd surrounding nealthy aging of the idents to  best of my knowledge and belief, true nization owning the above-listed properties.	gyes		
Agricultural/Horticultural  Sive detailed description of use, including mmanuel sponsors healthca reas. Immanuel provides faind, body, and spirit. Vehic ppointments and activities.  Under penalities of law, I dialso declare that I am duly in membership or employn	g an explanation if multiple us re and senior service cilities and programs les are used exclusive eclare that I have examined the authorized to sign this exempnent based on race, color, or the service of the service eclare that I have examined the service examined the service examined the service examined that I have examined the service examined the servi	es classifications exist es in Omaha, Lincoln, a s designed to promote h vely for transporting res his application and that it is, to the tion application, and that the organizational origin.  Title	nd surrounding nealthy aging of the idents to  best of my knowledge and belief, true nization owning the above-listed properties.	gyes		
Agricultural/Horticultural  Sive detailed description of use, including mmanuel sponsors healthca reas. Immanuel provides faind, body, and spirit. Vehic ppointments and activities.  Under penalties of law, I dealso declare that I am duly in membership or employn sign  Authorized Signature	g an explanation if multiple us re and senior service collities and programs eles are used exclusiv eclare that I have examined the authorized to sign this exemple that based on race, color, or a	es classifications exist es in Omaha, Lincoln, a s designed to promote it vely for transporting res his application and that it is, to the tition application, and that the organizational origin  N Title DUNTY TREASURER RECO	nd surrounding nealthy aging of the idents to  best of my knowledge and belief, true nization owning the above-listed proper lark Schultz, CFO	gyes		
Agricultural/Horticultural  Sive detailed description of use, including mmanuel sponsors healthca reas. Immanuel provides faind, body, and spirit. Vehic ppointments and activities.  Under penalities of law, I de also declare that I am duly in membership or employn sign  Authorized Signature	g an explanation if multiple us re and senior service icilities and programs eles are used exclusiv eclare that I have examined the authorized to sign this exemple that based on race, color, or a	es classifications exist es in Omaha, Lincoln, a s designed to promote h vely for transporting res nis application and that it is, to the tition application, and that the organizational origin.  N Title DUNTY TREASURER RECO	nd surrounding nealthy aging of the idents to  best of my knowledge and belief, true nization owning the above-listed proper lark Schultz, CFO	gyes		
Agricultural/Horticultural  Sive detailed description of use, including mmanuel sponsors healthca reas. Immanuel provides fa nind, body, and spirit. Vehic ppointments and activities.  Under penalities of law, I dealso declare that I am duly in membership or employn in membership or employn Authorized Signature  APPROVAL  DISAPPROVAL	g an explanation if multiple us re and senior service scilities and programs les are used exclusiv eclare that I have examined it authorized to sign this exemple nent based on race, color, or a	es classifications exist es in Omaha, Lincoln, a s designed to promote it vely for transporting res his application and that it is, to the stion application, and that the organizational origin  Title  DUNTY TREASURER RECO	nd surrounding nealthy aging of the idents to  best of my knowledge and belief, true nization owning the above-listed proper lark Schultz, CFO	gyes No  o, give percentage of exempt use:		
Agricultural/Horticultural  Sive detailed description of use, including manuel sponsors healthca reas. Immanuel provides faind, body, and spirit. Vehic ppointments and activities.  Under penalties of law, I dealso declare that I am duly in membership or employn authorized Signature  APPROVAL	g an explanation if multiple us re and senior service scilities and programs les are used exclusiv eclare that I have examined it authorized to sign this exemple nent based on race, color, or a	es classifications exist es in Omaha, Lincoln, a s designed to promote h vely for transporting res nis application and that it is, to the tition application, and that the organizational origin.  N Title DUNTY TREASURER RECO	nd surrounding nealthy aging of the idents to  best of my knowledge and belief, true nization owning the above-listed proper lark Schultz, CFO	gyes No  o, give percentage of exempt use:		
Agricultural/Horticultural  ive detailed description of use, including manuel sponsors healthca reas. Immanuel provides fa ind, body, and spirit. Vehic pointments and activities.  Under penalties of law, I de also declare that I am duly in membership or employn  Authorized Signature  APPROVAL  DISAPPROVAL	g an explanation if multiple us re and senior service scilities and programs les are used exclusiv eclare that I have examined it authorized to sign this exemple nent based on race, color, or a	es classifications exist es in Omaha, Lincoln, a s designed to promote it vely for transporting res his application and that it is, to the stion application, and that the organizational origin  Title  DUNTY TREASURER RECO	nd surrounding nealthy aging of the idents to  best of my knowledge and belief, true nization owning the above-listed proper lark Schultz, CFO	gyes No  o, give percentage of exempt use:		

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185 and 60-3,189



1100 M 1925 N 1100 M	THE NONPRO	State Whe Nebra FIT ORG	caster re incorporated iska ANIZATION	Type of Ownership  X Nonprofit Corporation  Other (specify):
68508 ARTNERS OF 1100 M 1925 N 1100 M	THE NONPRO ilitary I orth 70tl	Land State Whe Nebra FIT ORG	re incorporated	X Nonprofit Corporation
68508 ARTNERS OF 1100 M 1925 N 1100 M	THE NONPRO ilitary I orth 70tl	Land State Whe Nebra FIT ORG	re incorporated	Corporation
68508 ARTNERS OF 1100 M 1925 N 1100 M	THE NONPRO ilitary I orth 70tl	Land State Whe Nebra FIT ORG	re incorporated	Corporation
68508 ARTNERS OF 1100 M 1925 N 1100 M	THE NONPRO ilitary I orth 70tl	State Whe Nebra FIT ORG	re incorporated	Other (specify):
68508 ARTNERS OF 1100 M 1925 N 1100 M	THE NONPRO ilitary I orth 70tl	Nebra FIT ORG Road	iska	
1100 M 1925 N 1100 M	THE NONPRO	FIT ORG	ANIZATION	
1100 M 1925 N 1100 M	ilitary l orth 70tl	Road	ANIZATION	
1925 N 1100 M	orth 70tl	Road		The second secon
1925 N 1100 M	orth 70tl	Road		
1100 M	orth /Uti		Lincoln,	NE 68508
	- 1 - 4 T	n Stre		
1100 M				NE 68508
	ilitary I	Road	Lincoln,	NE 68508
THE MOTOR	/EHICLES ecessary.	1 T T T T T T T T T T T T T T T T T T T		A PROPERTY AND A SECURE OF THE
Туре	Vel	nicle ID Nu	mber	Registration Date or Date of Acquisition.
us	1FD\$E\$%	X8DR5	6812	If Newly Purchased
	1GBE%C1		The state of the s	10/1/17
	2FTZA546		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	10/1/17
	21 1211540	T T T T T T	9137	10/1/17
that it is, to the I	pest of my knowle	edge and be	alief true complete	and correct !
nd that the organ	ization owning the	e above-list	ed property does no	ot discriminate
IRER RECOM	MENDATION			
			A POSSER AND THE COURSE WHEN EVER SHOW THE WARREN	
ade	7_/	Ship	1_	9-26-
of County Treas	rer	-/	7)	Date
				**************************************
		TO SECURE AND EMPLOYED AND ADDRESS.		
	Finance Title RER RECOMI	that it is, to the best of my knowled that the organization owning the Finance Direct Title  RER RECOMMENDATION  Of County Treasurer  EQUALIZATION USE ONLY	that it is, to the best of my knowledge and be ad that the organization owning the above-list   Finance Director  Title  RER RECOMMENDATION   Of County Treasurer  EQUALIZATION USE ONLY	that it is, to the best of my knowledge and belief, true, complete and that the organization owning the above-listed property does not the organization of the above-listed property does not the organization owning the above-listed property does not the organization owning the above-listed property does not the organization owning the above-listed property does not the organization of the organization of the organization of the organization owning the above-listed property does not the organization of the organiza

Authorized by Neb Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 50-3,189



Nebraska Department of REVENUE PROPERTY ASSESSMENT		lication for Exe e Taxes by Qualifying N • To be filed with your county • Read instructions on revers	onprofit Organizati	ions	FORM <b>457</b>	
Applicant's Name	SO			387	Type of Ownership	
Street or Other Mailing Address			County	1	Nonprofit Corporation	
City /	itreet	State Zip Code	State Where	Incorporated	Other (specify):	
Lincoln		UG 685	5/0	NE		
	T	CTORS, OR PARTNERS OF T	HE NONPROFIT ORGA	NIZATION		
Peter Allman Bil Michener Britt Ehlers	342 50	state, Zip Code  en den Blyd  mner St. ( woodsfack Hue	incola incola N · Cincola	NE 6850 BE 6850	02/Board Ples 2 /Executive D 2 /Board Vice P	iden Vie G
		SCRIPTION OF THE MOTOR V				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Nun	nber	Registration Date or Date of Acquisition,	
Toyota	2012	High bunder/Hybrid	STE DC3ET	18C2004066	if Newly Purchased	
	V	J / (				
Exempt Uses of Motor Vehicle: Agricultural/Horticultural	Educational	Religious Charitable	Cemetery	Are the motor vel as indicated?	hicles used exclusively	
Give detailed description of use, including an				YES	NO	
Lighthouse uses - as well 95 to	the vehic	le to pick of	o donations	If No, give percer	ntage of exempt use:	
as well as to	ansportin	g our youth to	events	%		
ducational and	enrichi	ment activit	ies			
	horized to sign this exemp	his application and that it is, to the botion application, and that the organ national origin.				
sign here Authorized Signature	~	EXCC-	tive Dilect	Date	18/17	
1	FOR CO	DUNTY TREASURER RECOM	MENDATION			
PLADDOUAL		ENTO.			-	
APPROVAL	COMM	ENTS:				
DISAPPROVAL		Signature of County Treas	y Str b	1	9-26-1 Date	7
	FOR COU	NTY BOARD OF EQUALIZAT	ION USE ONLY			
APPROVAL	СОММ	ENTS:				
DISAPPROVAL	-			<del></del>		

Authorized by Neb. Rev. Stat §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

Authorized Signature



Nebraska Department of REVENUE		lication for E) e Taxes by Qualifying To be filed with your coun	Nonprofit C		FORM <b>457</b>
Applicant's Name Linh CuanG Street or Other Mailing Address	BUDHIST CEN	• Read instructions on rev	erse side.	County	Type of Ownership  Nonprofit
	ANT HILL RI	State Zip Co		HANCASSTER	Corporation  Other (specify):
LINCOLN	PE	6852	13	State Where Incorporated $\mathcal{NE}$	
Title	Name, Address, City, S	ECTORS, OR PARTNERS O	FTHE NONPRO	OFIT ORGANIZATION	
PRESIDENT TREASURE SECRETARY	WHI VANTR HOLANG H TU HOU LE	AN 3175 W PL8	TONRA	ILLES LINCOLA, LINCOLA, NE LINCOLA, NE	NE 68523 68503
		SCRIPTION OF THE MOTOR			
Motor Vehicle Make	Model Year	Body Type	Ve	ehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
SUBAPU	2011	FORESTER		ABCOBH 765042	•
TOYOTA	2012	RANIL	217613	4188×012643 4DV5CW24769	
101011	Juia	1910-9	217111	401000004101	
also declare that I am dul in membership or employ	Dible, visit He service the fuclo the fuclo builing and have for	he Sick or elder e funeral for for bry the build the the young his application and that it is, to the	uly men usetnami materia class clulche	hous In If No, give perculs%  for a%	e and correct I
here Authorized Signature	916	Tae Title	asme	Date	17-17
	FOR CO	OUNTY TREASURER RECO	MMENDATION		
APPROVAL	СОММ	ENTS:			100
DISAPPROVAL		Signature of County Tre	4 durer	Shbbj	9-26-1
	FOR COU	NTY BOARD OF EQUALIZA		LY ()	Date
APPROVAL	СОММЕ	ENTS:			
DISAPPROVAL					
		Authorized Signature	<del></del>		Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189



Nebraska Department of REVENUE from		lication for Exertises by Qualifying	Nonprofit Organizations	FORM <b>457</b>
Applicant's Name		Read instructions on rev		Type of Ownership
///	WHERAN C	HURCH & SCHOOL		. V
Street or Other Mailing Address		MARCH - DEVICE	County	Nonprofit Corporation
1800 5	84TH STRE	ET	LANCASTER	Other (specify):
City		State Zip Co		
LINCULN		NE 68	506 NEBRASKA	
IDENTI	FY OFFICERS, DIRE	CTORS, OR PARTNERS O	FTHE NONPROFIT ORGANIZATION	
Title	Name, Address, City, S			
EXEC. Bus. DiR.		neger 2463 N		507
CHAIRMAN			TORE FRONT DR. LINCOLN, N	
TROASURIX	STEVE SIE		SALLE ST- LINCOLN, NE	
CORP. SECRETARY	KAREN WI	LLER SELL A	igusta DR. LINCOLU'ME	583d6
,	277 (577)	SCRIPTION OF THE MOTOR		
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHEURDLET GMT-400	1991	DICKIED	16CDK14K8MZ191813	8 18 2617
K 1500	1191	ricky	I GCO KITIK BIT CTITOL	01.010017
F 1300		· · · · · · · · · · · · · · · · · · ·		
		Secretary District Secretary Secretary		
Exempt Uses of Motor Vehicle:	4		as indicated?	vehicles used exclusively
Agricultural/Horticultural	ducational	Religious Charitabl	e Cemetery	
Give detailed description of use, including an THIS VEHICLE WILL BE I ONLY. (I.E. HAULING I HERPING WITH MINGRE	used for 146 Justus Archu	zigious Ano Edu vo Geourds, snow	CATIONAL PURPOSES If No, give perconstruction  LEMENAL  MYES  If No, give perconstruction  MYES  MYES	NO centage of exempt use:
Under penalties of law, I declar also declare that I am duly auth in membership or employment sign here  Authorized signature	orized to sign this exemplessed on race color, or	ption application, and that the or	ne best of my knowledge and belief, true, complete panization owning the above-listed property does  Date  DMMENDATION	e, and correct. I not discriminate
APPROVAL	COMM	ENTS:	The second secon	
			. 11.1	
DISAPPROVAL	. <del></del>	Signature of County Tr	dasurer dasurer	9-26-1
	FOR COU	INTY BOARD OF EQUALIZ	ATION USE ONLY	
☐ APPROVA!		ENTS:		
APPROVAL	COMIN	LI110.		
DISAPPROVAL	Sylvisidade and American		<u> </u>	
		Authorized Signature		Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Nedraska Dapartment of NEVERUE	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
Appropriate Name Defect Description of Street or Other Meiling Stidless  City  City	15/Prussy Apostolic Temple Church  Outcaster  State  Zip Godes State Whole incorporated	Type of Ownership  Nonprofit Corporation  Other (specify):
Dissiness Marger Lorgeration Secretary	Name, Address City, State. Zip Code  Names H. Arom Don 6934 Anter W. Lincoln. NE b  Living Durrage 4000 N 17 St Living NE 6854	851b
	DESCRIPTION OF THE MOTOR VEHICLES  Attach an additional sheet, if necessary.	, **** (1b 1 <sub>p</sub> - 1
Motor Vehicle Make	Model Year Body Type Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
- 1 1 1 1 1 -	Educational Religious Charitable Cemetery as Indicated?  If an explanation if multiple use classifications exist  The first of the firs	vehicles used exclusively  NO  centage of exempt use:
Thursh both local Supplies for the C	nurch.	te, and correct.
atéà declara that I am duli	pectare that I have examined this application and that it is, to the best of my knowled and over-listed property does fauthorized to sign this exemption application, and that the organization owning the above-listed property does and based on race, color, or national origin.  Title  FOR COUNTY TREASURER RECOMMENDATION	not discriminate
APPROVAL  DISAPPROVAL	Signalure of County Treasurer  FOR COUNTY BOARD OF EQUALIZATION USE ONLY	9-26-1 Dats
[] APPROVAL	COMMENTS:	
DISAPPROVAL		
	Authorized Signature  Authorized by Nob. Rev. Stat. §§ 77-202(1)(c)	Date  Date  and (d), and 60-2, 185, and 80-3, 189
Nobraska Daparlment of Flevenue 95-253-2006 Flev, 8-2011 Supersedes 96-253-2		

FROM : CURTIS BURRAGE SR