



# 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: **Calvary Community Church**

Street or Other Mailing Address: **4400 N. 1st St**

City: **Lincoln** State: **NE** Zip Code: **68521** 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	Dick Danielson, 1940 Shooting Star Dr, Lincoln, NE 68521
Treasurer	Todd Case, 1576 Prairie Lane, Lincoln, NE 68521
Secretary	Nate Howland, 5446 W Chancery 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 F150	1997	Truck	1FTDX1867VKB08008	2017
Ford 15 Pass	1997	Van	1FBJS31S7VHC00225	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:

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

Executive Director

Title

9-28-17

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

FORM  
457

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

Applicant's Name <b>House of Prayer Christian Church</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):	
Street or Other Mailing Address <b>1333 Morton St</b>		County <b>Lancaster</b>		
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68521</b>	State Where Incorporated <b>Nebraska</b>	

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Senior Pastor	Bogdan Stepanyuk, 4430 W. Huntington Ave., Lincoln, NE 68524
Treasurer	Popov, Viktor, 13830 Bailey St., Waverly, NE 68462
Secretary	Vasily Bichka, 3000 W. Pleasant Hill Rd., Lincoln, NE 68523

### 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
Mercedes Benz	2013	Van	WDZPE8CC7D5808875	October 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 van is used to transport elderly members of the church to the church services, transport missionary teams to their areas of work. It is also used to transport youth orchestra to visit other churches around Midwest.

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

*Bogdan Stepanyuk*  
Authorized Signature

Senior Pastor

09/29/2017

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 <b>Immanuel</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify) _____
Street or Other Mailing Address <b>1044 North 115th Street, Suite 500</b>		County <b>Lancaster</b>	
City <b>Omaha</b>	State <b>NE</b>	Zip Code <b>68154</b>	State Where Incorporated <b>Nebraska</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President	Eric N. Gurley - 1044 North 115th Street, Suite 500 Omaha NE 68154
Secretary/Treasurer	Michael R. Williams - 1044 North 115th Street, Suite 500 Omaha NE 68154
Chair	David A. Jacox - 1044 North 115th Street, Suite 500 Omaha NE 68154
Vice Chair	Bruce Plath - 1044 North 115th Street, Suite 500 Omaha NE 68154

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
2001	Buick	Century	2G4WS52J011291057	Purchase 10/02/17

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:  
**Immanuel sponsors healthcare and senior services in Omaha, Lincoln, and surrounding areas. Immanuel provides facilities and programs designed to promote healthy aging of the mind, body, and spirit. Vehicles are used exclusively for transporting residents to appointments 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** \_\_\_\_\_ Title **Mark Schultz, CFO** Date **10-2-17**

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.