



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: Centerpointe INC.

Street or Other Mailing Address: 2633 P ST County: Lancaster

City: LINCOLN State: NE Zip Code: 68503 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
CEO	TOMMER HANSEN 2633 P ST LINCOLN NE 68503
CFO	STEVEN SHIVELY
COO	TAMI LEWIS AHRENDT

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
DODGE	2016	VAN PASSENGER	2E4RDGC66GR370690	08/22/2017

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:

Transporting Consumers to recreational events and medical appointments

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

[Signature]
Authorized Signature

CFO
Title

10-12-17
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 _____

CFO



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• To be filed with your county treasurer.
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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 9055 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
Ford	2007	Sport Van	1FMNEILL67DB19532	10-10-2017

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:

Transport of children for school + school 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

Authorized Signature

Walter O. Power

Activities Department

Title

10-11-17

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: _____

Signature of County Treasurer

Andy Hibbing

Date

10-12-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: _____

Authorized Signature

Date

MAN



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from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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Applicant's Name School Sisters of Christ the King			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 4100 SW 56th St.		County Lancaster	State Where Incorporated NE
City Lincoln	State NE	Zip Code 68510	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Bishop James Conley P.O. Box 80328 Lincoln NE 68501
Vice President	Mother Joan Paul CK 4100 SW 56 th St. Lincoln NE 68522
Treasurer	Sister Margaret Mary CK 4100 SW 56 th St. Lincoln NE

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 Versa Note S Plus	2014	FWD Hatchback	3NICE2CP6EL431278	9/06/17

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:
Transportation for religious community, grocery shopping as well as educational opportunities.

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 Mother Joan Paul C.K. Vice President 10/06/17
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

Andy Hbbyj 10/12/17
 Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL

 Authorized Signature Date

[Handwritten initials]