



# 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>Catholic Social Services</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address <b>2241 O Street</b>		County <b>Lancaster</b>		
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68510</b>	State Where Incorporated <b>Nebraska</b>	

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

Title	Name, Address, City, State, Zip Code
President	Bishop James D. Conley 3400 Sheridan Avenue, Lincoln, NE 68508
Vice President	Msgr. Timothy J. Thorburn 3400 Sheridan Avenue, Lincoln, NE 68508
Secretary-Treasurer	Rev. Christopher K. Kubat 2241 O 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
Chevrolet	2005	Chassis & Cab	1GBJ6C1365F503893	10/13/17

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural  
 Educational  
 Religious  
 Charitable  
 Cemetery

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

To be used for hauling donations from designated pick up areas and dispersing the donations to our other locations and Thrift Stores for processing.

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

*Pat Walbrecht*  
Authorized Signature

Executive Assistant

10-13-17

Title

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

*Andy Hill*  
Signature of County Treasurer

10/23/17  
Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

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 <b>Catholic Social Services</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address <b>2241 O Street</b>			County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68510</b>	State Where Incorporated <b>Nebraska</b>	

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

Title	Name, Address, City, State, Zip Code
President	Bishop James D. Conley 3400 Sheridan Blvd, Lincoln, NE 68506
Vice President	Msgr. Timothy J. Thorburn 3400 Sheridan Blvd, Lincoln, NE 68506
Secretary Treasurer	Rev. Christopher K. Kubat 2241 O 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
GMC	1990	Sierra K150	2GTEK14H0L1553049	10/23/2017

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 truck will be used to remove snow from our properties and also used to move trailers around to different locations in Lincoln.

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** Pat Walbrecht Executive Assistant    October 25, 2017  
 Authorized Signature    Title    Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Andy Shibley    10/26/17  
 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

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

**FORM  
457**

Applicant's Name <b>Community Blood Bank of the LCMS</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>100 N 84th ST</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68505</b>	State Where Incorporated <b>NE</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President - NE div	<del>Dan</del> Ellen disalvo 100 N 84th ST
CEO	Donald C. Berglund 737 Pelham Blvd. ST Paul, MN 55114

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 Transit	2017	Van	1FBAX2CM7HKB25642	9/29/2017

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:  
**Staff transportation**

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**

*Richard Smith*      Fleet Coordinator      10/19/2017  
 Authorized Signature      Title      Date

**FOR COUNTY TREASURER RECOMMENDATION**

- APPROVAL  
 DISAPPROVAL

COMMENTS: \_\_\_\_\_

*Andy [Signature]*      10/23/17  
 Signature of County Treasurer      Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

- APPROVAL  
 DISAPPROVAL

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature      Date

*mk*



# 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>Doane University</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address <b>1014 Boswell Ave.</b>		County <b>Saline</b>		
City <b>Crete</b>	State <b>NE</b>	Zip Code <b>68333</b>	State Where Incorporated <b>Nebraska</b>	

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

Title	Name, Address, City, State, Zip Code
Fleet Manager	Mike Hatfield Address same as above 1014 Boswell Ave. Crete NE 68333
<i>Justice Schwartz</i> Dir. of Facilities	<i>EFO</i> <i>Brian Flesher</i>

### 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
Chevy Truck	2006	Reg Cab	3GCEC14X46G271688	9/28/17
<del>Chevy Truck</del>	<del>2014</del>	<del>Reg Cab 4WD 133</del>	<del>1GCNKREC3E265991</del>	<del>9/28/17</del>
<del>Dodge Truck</del>	<del>2016</del>	<del>Grand Caravan</del>	<del>2G4RDGBGXGR163530</del>	<del>9/28/17</del>

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 for educational purposes only, Retrieve materials for Campus transport staff & faculty.

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

*Doane University by [Signature]* Title *Director of Facilities* Date *10-5-17*

### FOR COUNTY TREASURER RECOMMENDATION

- APPROVAL  
 DISAPPROVAL

COMMENTS: \_\_\_\_\_

*[Signature]* Date *10-20-17*

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

- APPROVAL  
 DISAPPROVAL

COMMENTS: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

*[Handwritten mark]*



# 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
Honda	2016	Odyssey EXL	5FNRL6H73JB044211	New 10/24/2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural   
 Educational   
 Religious   
 Charitable   
 Cemetery

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

**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.**

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
Title **Mark Schultz, CFO**
Date **10-25-17**

FOR COUNTY TREASURER RECOMMENDATION	
<input checked="" type="checkbox"/> APPROVAL  <input type="checkbox"/> DISAPPROVAL	COMMENTS: _____  <div style="text-align: right;">               Signature of County Treasurer      Date <b>10/25/17</b> </div>

FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
<input type="checkbox"/> APPROVAL  <input type="checkbox"/> DISAPPROVAL	COMMENTS: _____  _____ Authorized Signature      Date

*AM*



# 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>Lincoln Katz Youth Group</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>912 Gaslight Lane</b>		County <b>Lincoln</b>	
City <b>Lincoln NE</b>	State <b>NE</b>	Zip Code <b>68521</b>	

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

Title	Name, Address, City, State, Zip Code
President	Terry Payne 912 Gaslight Lane 68521
Secretary	Patrick Hupp 7905 Hunkerridge rd 68516
Treasurer	David Breezebe 3720 Prescott Ave 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	2004	Club wagon	1FB5531274 HA 73729	11/19/2004
Nissan	2015	Pathfinder	5N1AR2MMXFC646734	8/15/2017

**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:

To pick up youth ages 6-14 for basketball practices and games. Transportation is an issue for many families with multiple children. Help solve a problem for those families.

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: *Del Breezebe*      Title: Treasurer      Date: 10-27-2017

#### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

*Andy Shick*      Date: 11-1-17  
 Signature of County Treasurer

#### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_      Date  
 Authorized Signature

*(Signature)*



# 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>Madonna Rehabilitation Hospital</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>5401 South Street</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68506</b>	State Where Incorporated <b>NE</b>

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

Title	Name, Address, City, State, Zip Code
President and CEO	Paul Dongilli, 5401 South Street, Lincoln, NE 68506
Chief Financial Officer	Victor Witkowicz, 5401 South Street, 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 E450 Van	2017	CB	1FDPE4FS3HDC527871	10/4/17

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:

Licensed by the State of Nebraska as a Rehabilitation Hospital. Madonna provides rehabilitation, Long Term Care and Nursing Home services. Madonna also provides community medical transportation. These services are provided as a non-profit organization as described in 501(C)(3) of the IRS Code.

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

*Michael D. Munn*  
Authorized Signature

General Counsel

10/5/17

Title

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

*Andy Hill*  
Signature of County Treasurer    Date: 10/23/17

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

*aw*



# 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>NEBRASKA CROP IMPROVEMENT ASSOCIATION</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address <b>268 PLANT SCIENCE HALL</b>		County <b>LANCASTER</b>	
City <b>LINCOLN</b>	State <b>NE</b>	Zip Code <b>68583-0911</b>	State Where Incorporated <b>NE</b>

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

Title	Name, Address, City, State, Zip Code
PRESIDENT	RYAN PETERS, #5 SPYGLASS ST, MCCOOK NE 69001
VICE PRESIDENT	HARLAN HUSA, 926 RD 7100, HEBRON NE 68370
TREASURER	EMERY FOX, PO BOX 544, CRAWFORD NE 69339

### 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	2016	HIGHLANDER	5TDJKRF6GS230617	11/16
TOYOTA	2015	TACOMA	3TMMU4FN8FM075664	11/16

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:

NCIA is a non-profit educational service organization operating by HR67 of NE Statutes. We provide Certification of seeds and other services to all of NE ag industry and educational services to/with Cooperative Extension Service.

If No, give percentage of exempt use:

\_\_\_\_\_ %

Uses: trade shows, inspector training, field inspections, presentations, and meetings

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

*Steve Knox*  
Authorized Signature

MANAGER

10/23/17

Title

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

*Andy Helberg*  
Signature of County Treasurer

10/25/17  
Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Authorized Signature

Date

*AK*





# 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>PIUS X HIGH SCHOOL</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):	
Street or Other Mailing Address <b>6000 A STREET</b>		County		
City <b>LINCOLN</b>	State <b>NE</b>	Zip Code <b>68510</b>	State Where Incorporated <b>NE</b>	

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

Title	Name, Address, City, State, Zip Code			
President	Most Rev. James Conley 3400 Sheridan Blvd Lincoln NE 68508			
Sec/Treasurer	Rev. James Meysenburg 7900 Trendwood Dr 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
Buick Century	2003	4 Dr Sedab	2GWS52J831204640	Nov 2004

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 as transportation for the Marian Sisters to fulfill their duties as teachers at Pius X High School.

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**

*Karen Francis*  
Authorized Signature

Business Manager

10/30/17

Title

Date

#### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: \_\_\_\_\_

*Andy Hilbig*  
Signature of County Treasurer

10/25/17  
Date

#### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: \_\_\_\_\_

Authorized Signature

Date

*com*



## 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>Saint Paul United Methodist Church</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>1144 M Street</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68508</b>	State Where Incorporated <b>Nebraska</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President	Steve McKelvey, 9221 Simi Ct., Lincoln, NE 68526
Vice President	Steve Bowen, 8934 Lammie Circle, Lincoln, NE 68526
Treasurer	Dave Wicox, 5930 Culwells Road, 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
Chevrolet Truck E2T	2013	RWD 2500 135"	1GAWGRFA2D1122233	
Chevrolet Truck E2T	2013	RWD 2500 135"	1GAWGRFA4D1123254	

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

Give detailed description of use, including an explanation if multiple use classifications exist:  
**To transport handicapped, elderly and other church members having no other means of transportation to Sunday services and other functions. Also used by youth, Scouts and other authorized church sponsored groups.**

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**

*Sherry Walsh* Financial Secretary    10-27-2017  
 Authorized Signature    Title    Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

*Andy Hubby*    10-30-17  
 Signature of County Treasurer    Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

\_\_\_\_\_  
 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

Type of Ownership

School Sisters of Christ the King

Nonprofit Corporation

Street or Other Mailing Address

4100 SW 56<sup>th</sup> St.

County

Lawcaster

City

Lincoln

State

NE

Zip Code

68522

State Where Incorporated

NE

Other (specify):

## 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 4100 SW 56 <sup>th</sup> Street
Treasurer	Sister Margaret Mary Lincoln NE 68522

## 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
Chevy GLS	2008	4dr. Sport Utility	2CNDL13F686327502	Renewal
Nissan VNR	2015	4dr. Hatchback	3NICE2CP3FL431191	Renewal
Buick CCU	1999	4door Sedan	2E4W552M6X1449517	Renewal
Nissan QSP	2015	Sport Van	2N8AE2KP7F9120818	Renewal
Honda UYE	2001	Sport Van	2HKRL186X1H593884	Renewal

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:

\_\_\_\_\_ %

Renewals

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

Mother Joan Paul, ck Vice President

Title

Date

10/18/17

## FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Signature of County Treasurer

Date

Andy Stibaj

10/25/17

## 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

FORM  
**457**

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

Applicant's Name

School Sisters of Christ the King

Street or Other Mailing Address

4100 SW 56<sup>th</sup> Street

County

Lawcaster

City

Lincoln

State

NE

Zip Code

68522

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	Bishop James Conley P.O. Box 80328 Lincoln NE 68501
Vice President	Mother Jean Paul 4100 SW 56 <sup>th</sup> Street
Treasurer	Sister Margaret Mary Lincoln NE 68522

### 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 SV	2017	FWD Hatchback	3N1CE2CP5HL361101	Renewal
Buick LFP	2005	4 door sedan	1B4HR54K65U282562	Renewal
Honda UX	2013	Sport Van	5FNRL5H29DB039789	Renewal
Nissan QSS	2012	Sport Van	5NBAE2KP7C9031276	Renewal
Chevy 2KH	2003	Pick Up	1BCHK24U93E345783	Renewal

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural  
 Educational  
 Religious  
 Charitable  
 Cemetery

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

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

Renewals

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

Mother Jean Paul, CK Vice President

10/19/17

Authorized Signature

Title

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS:

DISAPPROVAL

Andy Shultz

Signature of County Treasurer

Date

10/25/17

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS:

DISAPPROVAL

Authorized Signature

Date

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  
**Tabitha, Inc.**

Street or Other Mailing Address  
**4720 Randolph Street**

City  
**Lincoln**

State  
**NE**

Zip Code  
**68510**

County  
**Lancaster**

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
President	Christie Hinrichs, 4720 Randolph St., Lincoln, NE 68510
Vice-President/CFO	Alan Aden, 4720 Randolph St., 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
Subaru	2018	Outback	4S4BSADC0J32335846	September 18, 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:

Skilled and Long Term Care Nursing Facility, Hospice, Home Health Care, all part of Tabitha Inc. and non-profit.

Are the motor vehicles used exclusively as indicated?

YES     NO

If No, give percentage of exempt use:  
\_\_\_\_\_ %

#05-0661961

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** ▶

*[Handwritten Signature]*  
Authorized Signature

Purchasing Agent

10/16/17

Title

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

*[Handwritten Signature]*  
Signature of County Treasurer

10/23/17  
Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Authorized Signature

Date

*[Handwritten Initials]*