



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

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. Kubal 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
Ford	1996	F250	1FTHF25H5TEA54882	11/2/17

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

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

Used to haul equipment and donations

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 Waebucht
Authorized Signature

Executive Assistant

Title

November 2, 2017

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hibbing
Signature of County Treasurer

11-6-17
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

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- To be filed with your county treasurer.
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Applicant's Name CHI Health - McAuley Center			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 12809 W Dodge Road		County Douglas	
City Omaha	State NE	Zip Code 68154	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Director of Facility Operations	Alvin Kobes, 12809 West Dodge Road, 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
Nissan	2015	Cargo Van	3N6CM0KN1FK728841	November 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:

Vehicles will be used to provide services within the organization.
(CHI Health St Elizabeth/NE Heart Hospital)
Enterprise 22RFQ

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 ▶

Alvin Kobes
Authorized Signature

Director of Facility Operations

Title

10/30/17

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibitz
Signature of County Treasurer

11-6-17
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

FORM
457

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

Applicant's Name: **Christian Heritage Children's Homes**

Street or Other Mailing Address: **14880 Old Cheney Road**

City: **Walton** State: **NE** Zip Code: **68461** 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	Brad Brown, 14880 Old Cheney Road, Walton, NE 68461
Vice President	Brian Rader, 14880 Old Cheney Road, NE 68461
Secretary/Treasurer	Julie Spader, 14880 Old Cheney Road, Walton, NE 68461

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
See Attached sheet, please.				

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:
 Transporting foster care youth, staff use for appointments with foster families and Nebraska Department of Health and Human Services (DHHS) case workers, transporting furniture and supplies for foster homes owned, and other transportation uses related to our exempt function to care for youth placed with Christian Heritage by Nebraska DHHS.

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

Julie Spader
Authorized Signature

Secretary/Treasurer

Title

11/3/17
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

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Christian Heritage Children's Homes
Form 457

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Lic. Plate #
Dodge	2006	Grand Caravan	1D4GP24R46B691225	2136
Toyota	2007	Sienna CE/LE	5TDZK23C77S062229	2122
Honda	2008	Accord Sedan EX	1HGCP36718AO29903	6461
Toyota	2009	Avalon XL/XLX/Limit 4 door sedan	4T1BK36BB9U337708	6426
Honda	2014	4 door utility	2HKRM4H30EH621671	2030
Honda	2014	Civic Sedan	19XFB2F59EE031278	6291

