

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 ALLON CHAPEL SDA CHURCH/CENTRAL STATES CONFERENCE			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address PO BOX 67158		County LANCASTER	
City LINCOLN	State NE	Zip Code 68506	State Where Incorporated KANSAS

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
PRESIDENT	ROGER BERNARD, 3301 PARALLEL PARKWAY KANSAS CITY, KS 66104
VICE PRESIDENT FINANCE	TONYA ANDERSON, 3301 PARALLEL PARKWAY KANSAS CITY, KS 66104

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	2008	SPORT VAN	1GAHG35K681221384	1/2018

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 FURTHER THE MISSION OF ALLON CHAPEL CHURCH BY TRANSPORTING PEOPLE TO AND FROM CHURCH SERVICE AND OTHER RELATED CHURCH EVENTS.

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

Elbert Kay
Authorized Signature

CHURCH TREASURER

12/18/17

Title

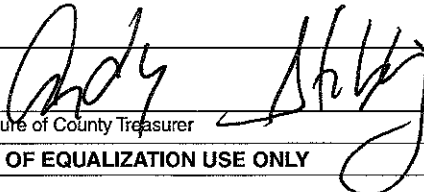
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL


 Signature of County Treasurer Date **12/20/17**

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

 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 <i>Allon Chapel SDA Church / Central States Conference</i>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <i>PO Box 67158</i>		County <i>Lancaster</i>	
City <i>LINCOLN</i>	State <i>NE</i>	State Where Incorporated <i>Kansas</i>	
	Zip Code <i>68506</i>		

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<i>President</i>	<i>Roger Bernard 3301 Parallel Prky Kansas City, KS 66104</i>
<i>V.P Administration</i>	<i>Christian Josiah 3301 Parallel Prky Kansas City, KS 66104</i>
<i>V.P. Finance</i>	<i>Tonya Anderson 3301 Parallel Prky Kansas City 66104</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
<i>Chevrolet</i>	<i>2003</i>	<i>G30 Van</i>	<i>1GCHG35R621245368</i>	<i>1/18</i>

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 further the mission of Allon Chapel Church in delivering food to under privileged people for the foodnet program.

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

[Signature]
Authorized Signature

Church Treasurer *12-15-17*
Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

[Signature] *12/20/17*
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

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

Christian Heritage Children's Homes

Type of Ownership

Nonprofit Corporation

Other (specify):

Street or Other Mailing Address

14880 Old Cheney Road

County

Lancaster

City

Walton

State

NE

Zip Code

68461

State Where Incorporated

Nebraska

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
HONDA Accord	2017	LX (CVT) 4 door sedan	1HGCR2F31HA281877	12/2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

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

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.

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

Julie Spader
Authorized Signature

Secretary/Treasurer

12-13-2017

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibby
Signature of County Treasurer

12/20/17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

AS



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 DIALYSIS CENTER OF LINCOLN, INC			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): 501(C)3
Street or Other Mailing Address 7910 "O" STREET		County	
City LINCOLN	State NE	Zip Code 68510-2500	State Where Incorporated NEBRASKA

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
	Please see schedule of Directors & Officers accompanying this Form 457

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	2018	148 TRANSIT 250 VAN	1FTYR2CG0JKA06738	12/05/2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

Delivery of supplies used in the care and treatment of patients with end stage renal failure. Supplies are delivered between three not for profit dialysis facilities owned and operated by Dialysis Center of Lincoln and hospital settings located in Lincoln, Ne. to include Bryan, Saint Elizabeth, NHI, Madonna and various nursing home units.

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 _____ **C.E.O** _____ **12/14/2017**
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

_____ **12/20/17**
 Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL

 Authorized Signature Date

**Dialysis Center of Lincoln, Inc.
Members-Board of Directors**

1. Mr. John T. Woodrich
Bryan/LGH Medical Center East
1600 South 48th Street
Lincoln, NE 68502
2. Michael F. Rapp, M.D.
Saint Elizabeth Regional Medical Center
555 South 70th St.
Lincoln, NE 68510
3. Ms. Lisa M. Vail
Bryan Medical Center
1600 South 48th Street.
Lincoln, NE 68510
4. Mr. Dan Shonlau
Saint Elizabeth Regional Medical Center
555 South 70th St.
Lincoln, NE 68502

**Dialysis Center of Lincoln, Inc..
Officers**

1. Larry C. Emerson, CEO
Dialysis Center of Lincoln
7910 "O" St.
Lincoln, NE 68502
2. Karel S. Sysel CFO
Dialysis Center of Lincoln
7910 "O" St.
Lincoln, NE 68502



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
Doane University

Street or Other Mailing Address
1014 Boswell Ave.

City
Crete

State
NE

Zip Code
68333

County
Saline

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
Fleet Manager	Mike Hatfield, address same as above
CFO	Julie Schmidt
Brian Flesner	Director of Facilities

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	9/28/2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:
Used for educational purposes only, retrieve materials for campus, transport staff and faculty

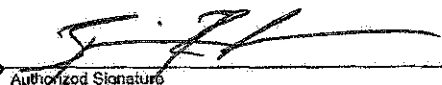
Are the motor vehicles used exclusively as indicated?

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

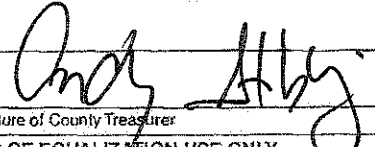
 **Director of Facilities** **12-20-17**
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: _____

 _____ **12/26/17**
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: _____

Authorized signature _____ Date _____

Micki
402-742-8441

TO BE FILED WITH
YOUR COUNTY
TREASURER

Exemption Application

for Tax Exemption on Motor Vehicles Owned
by Qualifying Nonprofit Organizations
• Read instructions on reverse side

FORM
457

Applicant's Name Goodwill Industries Serving Southeast Nebraska Inc			County Lancaster	Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 2100 Judson St.			County Number	
City Lincoln	State NE	Zip Code 68521	State Where Incorporated Nebraska	

Identify Officers, Directors, or Partners	
Title	Name, Address, City, State, Zip Code
CEO	Joanne Pickrel, 2100 Judson St, Lincoln NE 68521

LIST SPECIFIC DESCRIPTION OF THE MOTOR VEHICLES

• Attach additional sheet if necessary

Vehicle Make	Model Year	Body Type	Vehicle Identification Number	Registration Date or Date of Acquisition if Newly Purchased
Freightliner	2017	Truck	71PVAWDT2FH6C3023K	01/2017
Freightliner	2015	Truck	1EVACWDT1AHHW6080W	01/2017
International	2009	Truck	3HEJTSK129ND44709	01/2017
Kenworth	2014	Truck	2NKHHM1A4CH486959	01/2017

Nature of Use of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

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

Trucks are used to handle donated goods.

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage: _____ %

Under penalties of law, I declare that I have examined this application and, to the best of my knowledge and belief, it is correct and complete. I also declare that all delinquent taxes on the described property have been paid, that I am duly authorized to sign this exemption application, and that the organization owning said property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Micki Nola
Authorized Signature

CEO
Title

12/15/2017
Date

FOR COUNTY TREASURER'S RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hibbs
Signature of County Treasurer

12/26/17
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

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

**FORM
457**

Applicant's Name Great Plains Annual Conference of the United Methodist Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address PO Box 4187		County Lancaster	
City Topeka	State KS	Zip Code 66604-4187	
State Where Incorporated Kansas			

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Loyd Hamrick, 10323 W Alamo St, Wichita, KS 67212-1221
Vice President	Rev. Neil Gately, 9359 Walmer St, Overland Park, KS 66212-1450
Executive Secretary	Linda Stokes, 14305 W 8erd Pl, Lenexa, KS 66215-4170

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 Accord	2009	Sedan	JHMCP26419C007807	12/2017
Toyota RAV4	2015	SUV	JTMBFRE V9FJ023151	↓
Toyota RAV4	2016	SUV	2T3BFREV1GW533139	
Toyota Camry	2015	Sedan	4T1BF1FK7FU975002	
Toyota Camry	2016	Sedan	4T4BF1FK5GR575382	

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:

These vehicles are used by employees of the Annual Conference in necessary church duties of providing services to the churches of Nebraska and Kansas. Meetings are held throughout both states and transportation is also needed to travel to connectional conferences in other states.

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

Property Coordinator

12/18/2017

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

[Signature] *[Signature]* 12/20/17
 Signature of County Treasurer 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: Great Plains Community Church

Street or Other Mailing Address: 6810 Fairfax County: Lancaster

City: Lincoln State: NE Zip Code: 68505 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
Pastor	Larry Keiss, 6810 Fairfax, Lincoln NE 68505
Treasurer	Dwane Narden, 26 Arbor Ct, York NE 68467

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
Interstate	2014	Utility Trailer	4RA05121XEP037675	12/2017

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:

Trailer is used to store & transport Church Musical Equipment

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

Larry Keiss
Authorized Signature

Pastor
Title

12-19-2017
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shilling
Signature of County Treasurer

12/26/17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

80538

M



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 Lincoln and Lancaster County Child Guidance Center			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 2444 O Street		County Lancaster	
City Lincoln	State NE	Zip Code 68510	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Kathryn McLeese Stephenson, 2444 O Street, Lincoln, NE 68510
President	Jennifer Carter, 941 O Street, Lincoln, NE 68502
President-Elect	John Neal, 3500 Diablo Drive, Lincoln, NE 68516
Secretary	Christine Wilcox, 4243 Pioneer Woods Drive, 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
Chevrolet	2008	Uplander LS	1GNDV23178D153120	01/2017
Chevrolet	2012	Express G2500 LT	1GAWGRFA3C1201957	07/2017
GMC	2013	Savana G2500 LT	1GJW7RFG3D1109740	05/2017
GMC	2016	Savana 3500	1GJW7FFF1G1277631	04/2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

These vehicles are used to transport residential clients to and from appointments and outings.

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

Brad Schibler
Authorized Signature

Finance Director

12/20/17

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS:

DISAPPROVAL

Andy
Signature of County Treasurer

12/26/17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS:

DISAPPROVAL

Authorized Signature

Date

[Handwritten mark]



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 Lincoln and Lancaster County Child Guidance Center			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2444 O Street		County Lancaster	
City Lincoln	State NE	Zip Code 68510	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Kathryn McLeese Stephenson, 2444 O Street, Lincoln, NE 68510
President	Jennifer Carter, 941 O Street, Lincoln, NE 68502
President-Elect	John Neal, 3600 Diablo Drive, Lincoln, NE 68516
Secretary	Christine Wilcox, 4243 Pioneer Woods Drive, 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
Chevrolet	2007	Uplander LS	1GNDV23117D209485	09/2017
GMC	2016	Savana 3500	1GJW7FFF7G1286267	04/2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

These vehicles are used to transport extended day treatment clients to and from appointments and outings.

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

Brad Schibler
Authorized Signature

Finance Director

12/20/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hubbs
Signature of County Treasurer

12/26/17
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 Lincoln Lutheran School Assoc.			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 1100 No. 56th St		County 2	
City Lincoln	State Ne	Zip Code 68504	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Scott Ernstmeyer/1100 No. 56th St/Lincoln, Ne 68504

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
Thomas	2006	Bus	1T7YT4C2861166240	5 Dec 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:

Pick up students/Transport students to 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

Scott Ernstmeyer

Title

Executive Director

20 Dec 2017

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hildy

Signature of County Treasurer

Date

12/26/17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

OH



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 People's City Mission			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address PO Box 80636, 110 Q St		County Lancaster	
City Lincoln	State NE	Zip Code 68501-0636	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Chief Executive Officer	R. Thomas Barber, 2824 Homeland Pl, Lincoln, NE 68521
Chief Financial Officer	Jeff Tyson, 1926 W Mulberry Cr, Lincoln, NE 68522
Chief Operating Officer	Amy Pappas, 2904 S. 59th St, 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
Star	2016	Bus	1FDEE3FL9GDC21945	01/01/2018
Toyota	2016	4 Dr Spt Util	5TDJKRFH8GS257320	01/01/2018
Ford	2006	Straight Truck	3FRLL45ZX6V247211	01/01/2018
Buick	2005	Sport Util Veh	3G5DB03E05S528146	01/01/2018
Ford	1995	Van	1FBHE31H2SHC11509	01/01/2018

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

2016 Star - used for client and administrative transportation
 2016 Toyota - used for client and administrative transportation
 2006 Ford - used to pickup and delivery, and administrative transportation
 2005 Buick - used for client and administrative transportation
 1995 Ford - used to pickup and delivery, and administrative transportation

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 _____ Accounting Manager 12/21/2017
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____
 DISAPPROVAL

_____ 12/24/17
 Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____
 DISAPPROVAL

 Authorized Signature Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.



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 People's City Mission			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address PO Box 80636, 110 Q St		County Lancaster	
City Lincoln	State NE	Zip Code 68501-0636	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Chief Executive Officer	R. Thomas Barber, 2824 Homeland Pl, Lincoln, NE 68521
Chief Financial Officer	Jeff Tyson, 1926 W Mulberry Cr, Lincoln, NE 68522
Chief Operating Officer	Amy Pappas, 2904 S. 59th St, 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	2004	Bus	1FBSS31L14HA07404	01/01/2018
Chrysler	2006	Ext Sport Van	2A4GP54L06R819059	01/01/2018
GMC	1988	Subrb/CarryAll	1GKEV16K4JF539083	01/01/2018
Carry On Trailer	2014	Utility Trlr	4YMUL1017EM004163	01/01/2018
Ford	2001	Pickup	1FTZF17251NA24351	01/01/2018

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:

2004 Ford - used to pickup and delivery, and administrative transportation
2006 Chrysler - used to pickup and delivery, and administrative transportation
1988 GMC - used to pickup and delivery, and administrative transportation
2014 Carry On - used to move shelter property and donations
2001 Ford - used to pickup and delivery, and administrative transportation

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 _____ **Accounting Manager** 12/21/2017 _____
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

_____ 12/26/17 _____
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

FORM
457

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

Applicant's Name NEBRASKA WESLEYAN UNIVERSITY			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 5000 ST. PAUL AVE		County LANCASTER	
City LINCOLN	State NE	Zip Code 68504	State Where Incorporated NEBRASKA

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
PRESIDENT	FRED OHLES 5000 ST. PAUL AVE LINCOLN, NE 68504
VP-FINANCE	TISH GADE-JOES 5000 ST. PAUL AVE LINCOLN, NE 68504
CONTROLLER	GREG MASCHMAN 5000 ST. PAUL AVE LINCOLN, NE 68504

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	2018	EXPRESS 2500 VAN	1GAWGFFG2J1168112	11/29/17

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 BY EMPLOYEES FOR THE BUSINESS OF CARRYING OUT THEIR ASSIGNED DUTIES. EMPLOYEES ARE NOT ALLOWED TO USE THE VEHICLE FOR PERSONAL PURPOSES.

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

VP-FINANCE

Title

12/08/17

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

12-13-17

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

FORM
457

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

Applicant's Name: Oak Lake Evangelical Church

Street or Other Mailing Address: 3300 N. 15th 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
<u>Pastor</u>	<u>Doyle Ribble, 514 Oregon Tr. Lincoln, NE 68521</u>
<u>Secretary</u>	<u>Harold Smith, 9305 Raymond Rd, Lincoln, NE 68517</u>
<u>Chairman</u>	<u>Jerry Hoas, 6135 S. 44th St. Lincoln, NE 68516</u>

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
<u>Ford Excelsior</u>	<u>2002</u>	<u>15 passenger</u>	<u>1FBSS31S1A2HB7359</u>	

- 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:

Church functions: Awana/Youth/over 55 group

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

Church Secretary 12/20/17
Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: _____

[Signature] 12/26/17
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: _____

Authorized Signature Date

[Handwritten initials]



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 SAINT ELIZABETH REGIONAL MEDICAL CENTER DBA CHI HEALTH ST. ELIZABETH			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 555 SOUTH 70TH ST		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	Derek Verice, 200 So. 88th Place, Lincoln, NE 68510
CHAIRMAN	Thomas Champoux, 1128 Lincoln Mall, Suite 200, Lincoln, NE 68610
VICE CHAIRMAN	Tim Aschoff, 400 N.W. 58th Street, Lincoln, NE 68628
SECRETARY/TREASURER	None

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				Jan 2017

Exempt Uses of Motor Vehicle:

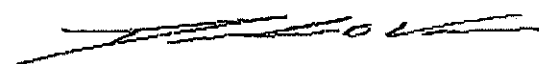
Agricultural/Horticultural Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:
THESE VEHICLES ARE USED TO TRANSPORT EMPLOYEES AND EQUIPMENT FOR HOSPITAL BUSINESS

If No, give percentage of exempt use:
_____ %

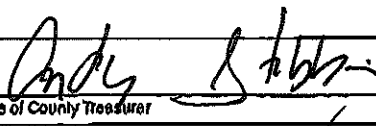
Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here  **PRESIDENT** **12/26/17**
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

 **12/27/17**
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL

Authorized Signature Date

Handwritten initials

SERMC AUTO LISTING

Year	Color	Make	Model	Location	License Renew	Year	Tax Exemption	VIN Number	License Plate
1970	Green	Chevy Dump Truck	C52	Power Plant	January	2017	Exempt	CE530P168374	2308
1999	Tan	Ford Pickup	F2S	Power Plant	January	2017	Exempt	1FTNF21S3XED38764	2310
2002	White	Ford Van	15V	Maintenance	January	2017	Exempt	1FTRE14WX2HA42340	2311
2002	White	Nissan Pathfinder	LSE	Maintenance	January	2017	Exempt	JN8DR09Y42W736346	2313
2006	Burg	Ford	SLS	Security	January	2017	Exempt	1FMYU02Z46KD249998	2312



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 Sesostris Shrine			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 1050 Saltillo Rd		County Lancaster	
City Roca	State NE	Zip Code 68430	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Potestate	Gothard Friesen, 6151 Blackstone Rd, Lincoln, NE 68526
Chief Rabban	Richard Eggerling, 5554 W chancery Rd, Lincoln, NE 68521
Recorder	William Cummins, 9620 So. 30th, Lincoln, NE., 68516
Treasurer	Henry Schultz, 5240 La Salle, 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
See Attached List				Jan 2018

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:

Participate in parades to promote Shriner's Hospitals for Children and general business. To transport patients and their family to Shriner's Hospitals for Children.

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

Office Manager/Controller

Date

12-26-17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Date

12/27/17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

Registration - Total Listing

Vehicle Make	Model Year	Body Type	Vehicle ID	License #	Name	Value
Dodge	2011	Wagon	2D4RN5DG2BR6296719	2319	Hospital-Columbus	29955
Dodge	2012	Wagon	2C4RDGDG9CR179242	2130	Hospital-Charcoal	25750
Dodge	2016	Wagon	2C4RDGCG0GR354484	2314	Hospital-Charcoal	26945
Dodge PU	1976	Pick Up	D14BE6S254436	2430	Keystone Kops	0
Chevrolet	2003	Dr Ext Cab	2GCEC19T0311803	2317	Gray General	12995
Chrysler	2007	town/Country	2A4GP54L77R135112	2315	Blue General	27443
Chrysler	2010	town/Country	2A4RR5D16AR137474	2316	Silver General	27893
Ford Model-T	1923	Model T	Motor#8231800	Hist 1405	Hillbilly	2500
Willy's	1948	Jeepster	73022	Hist 17740	Parade	750
Cushman	1980	Cushman	P227913	none	Temple	150
Home Made Trailer	1980	2 wheel utility	2W0MINH000002861	XKB 650	Temple	750
Home Made Trailer	1986	2 wheel utility	621 TRLR	XKB 652	RR Trailer	1500
Home Made Trailer	1999	2 wheel utility 4X8	none	XKB 655	Grill	1000
Home Made Trailer	2003	5X8 Trailer	none	XKB 657	Calliope	12000
Home Made Trailer	2011	8X16 2 wheel	none	XKA 690	Keystone Kops	750
Carry On Trailer	2000	5X10 2 wheel Trlr	4YMUUK1012YH031481	XKB 656	Football Float	585
Carry On Trailer	2007	Utility	4YMUUL14167M043985	XKB 658	Hillbilly Model T	1310
Continental	2001	Utility	4X4TSE41X1N019404	XKB 660	Rit Divan	3000
Home Made Grill Trlr	2008	2 wheel #790	none	XKB 659	Temple	2000
Aluma Utility Trailer	2017	Utility	1YGUS1019HB156386	XPI 743	Hospital Float	1470

Registration Vehicle Listing

Vehicle Make	Model Year	Body Type	Vehicle Id	License #	Name	Value
Dodge PU	1976	Pick Up	D14BE6S254436	2430	Keystone Kops	0
Chevrolet	2003	Dr Ext Cab	2GCEC19T0311803	2317	Gray General	12995
Chrysler	2007	town/Country	2A4GP54L77R135112	2315	Blue General	27443
Chrysler	2010	town/Country	2A4RR5D16AR137474	2316	Silver General	27893



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 The Salvation Army		County Lancaster County	
Street or Other Mailing Address 2625 Potter Street		State Where Incorporated Nebraska	
City Lincoln	State Ne	Zip Code 68503	

Type of Ownership

Nonprofit Corporation

Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Major Mark Anderson	2625 Potter Street, Lincoln Nebraska 68503

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	2016	Transit	1fbzx2ym2gka01613	1/1/18
Ford	2016	Transit	1fbzx2ym4gka01614	1/1/18
Chevy	2016	Traverse	1gnkrgkd8gj150764	1/1/18
Ford	2015	C-Max	1fadp5au9fi104091	1/1/18
		See Attached		

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:

All Vehicle 100% except Cmax at 75%

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 _____ Date 12-21-2017

Authorized Signature

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

_____ Date 12/26/17
Signature of County Treasurer

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Authorized Signature Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

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 Wyuka Funeral Home and Cemetry			Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): Public Charitable	
Street or Other Mailing Address 3600 O Street		County Lancaster		
City Lincoln	State NE	Zip Code 68510	State Where Incorporated NE	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Michael B. Williams, 3600 O 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
Concrete dump trailer	2017	Dump	1R9BD052XHT522003	3/8/2017
Dodge	2008	GCS	108HN44HX8B136892	1/18
Cadillac	2011	DTS	1G6KD5E68BU105455	1/18
Cadillac	2007	Hearse	1GEEH06Y17U500707	1/18
Ford	1989	F70	1FDNF70K3KVA60127	1/18

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:
All vehicles listed are used expressly for the cemetery and/or funeral home.

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

President
Title

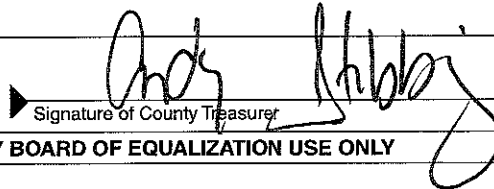
12/22/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL


Signature of County Treasurer

12/26/17
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

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

FORM
457

Applicant's Name Wyuka Funeral Home and Cemetry			Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): Public Charitable	
Street or Other Mailing Address 3600 O Street		County Lancaster		
City Lincoln	State NE	Zip Code 68510	State Where Incorporated NE	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Michael B. Williams, 3600 O 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
Ford	2005	F1S	1FTPW14545KC76556	1/18
Chevrolet	1997	GK1	1GCEK14R4VZ116822	1/18
Ford	1999	RNS	1FTZR15X7XPB07413	1/18
H&H	2006	2WH	4J6US121X6B080847	1/18
Chevrolet	1987	R30	1GBHR34KXH5135254	1/18

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:
All vehicles listed are used expressly for the cemetery and/or funeral home.

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

President
Title

12/20/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

12/26/17
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

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

**FORM
457**

Applicant's Name Wyuka Funeral Home and Cemetery			Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): <u>Public Charitable</u>	
Street or Other Mailing Address 3600 O Street		County Lancaster		
City Lincoln	State NE	Zip Code 68510	State Where Incorporated NE	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Michael B. Williams, 3600 O 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
Ford	1986	F80	1FDNF82J4GVA38488	1/18
Chevrolet	2004	K2500	1GCHK24U24E272659	11/10/2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:
All vehicles listed are used expressly for the cemetery and/or funeral home.

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

Michael B. Williams
Authorized Signature

President
Title

12/20/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hilly
Signature of County Treasurer

12/20/17
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

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

FORM
457

Applicant's Name: ZION CHURCH PCA

Street or Other Mailing Address: 5511 S. 27TH ST County: LANCASTER

City: LINCOLN State: NE Zip Code: 68506 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
<u>PRESIDENT</u>	<u>STUART KEENS 12670 S. 25TH ST. ROCK NE 68430</u>
<u>SECRETARY</u>	<u>JOHN ANDERSON 13700 NW 27TH ST. RAYMOND NE 68428</u>
<u>OFFICER</u>	<u>LEF CROSSMAN 5801 QUARRY LEVEE RD ROCK, NE 68430</u>

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
<u>Ford E-350 Econoline</u>	<u>2008</u>	<u>BUS 12-PASS.</u>	<u>1F8NE31L98DB11172</u>	<u>12/21/17</u>

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:
CHURCH MAINTENANCE, YOUTH MINISTRY, COLLEGE MINISTRY, ELDERLY PICKUPS FOR CHURCH, MISSIONS CONFERENCES/TRIPS, CHURCH CONFERENCES/TRIPS

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

[Signature]

Title

office Manager 12/21/17

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

[Signature]

Signature of County Treasurer

Date

12/26/17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

[Handwritten mark]