



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 Cristo Rey Catholic Church of Lincoln			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address 4245 J 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	James D. Conley, Catholic Bishop of Lincoln, 3400 Sheridan Blvd. Lincoln, NE
Vice President	Timothy Thorburn, 3400 Sheridan Blvd., Lincoln, NE 68501
Secretary	Ramon Decan, 4245 J 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
Toyota	2003	Sedan	4T1BE32K430676924	NOV 2017
Buick	2003	Sedan	1G4HP52K334186622	
Ford	1998	Minivan	2FM2A514XWBE49482	

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 in Church ministry services.**

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

Ramon Decan
Authorized Signature

Pastor
Title

11/29/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Silby
Signature of County Treasurer 1-8-17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature Date

AW



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FORM
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Applicant's Name First Free Methodist Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 5910 Holdrege Street		County Lancaster	
City Lincoln	State NE	Zip Code 68505	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Pastor	Ken Watson 5532 NW 10th Street, Lincoln, NE 68521
Daycare Director	Kelyn Watson

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	2011	Van WSD	1FBNE3BL2BDA53427	JANUARY
DODGE	1994	Van B33	2B5WB35Z8RK118699	JANUARY

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

Church and Daycare use only for transportation for children, youth, adults and/or supplies to and from school, church and daycare 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

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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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-JONES 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
SEE ATTACHED LIST	SEE LIST	SEE ATTACHED LIST	SEE ATTACHED LIST	JANUARY

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

ASST. CONTROLLER

01/02/18

Authorized Signature

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Date

1-8-17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

TYPE	MAKE/YEAR	BODY TYPE	COLOR	VEHICLE NUMBER	License #
Chevy	Malibu/2010	4 door	Black	1G1ZB5EBXA4149477	
Chevy	Malibu/2011	4 door	Gold	1G1ZB5E13BF269067	
Chevy	Malibu/2010	4 door	Black	1G1ZB5EBXAF195220	
Chevy	Malibu/2017	4 door	White	1G1ZB5ST0HF147605	
Chevy	Malibu/2017	4 door	White	1G1ZB5ST4JF143413	
Infiniti	G35/2005	4 door	Blue	JNKCV51F35M313153	
Chevy	Impala/2007	4door	Silver	2G1WT58K079169206	
Chevy	Impala/2007	4 door	Bronze	2G1WB58K879378969	
Honda	Insight EX/2010	4 door HB	White	JHMZE2H78AS007658	
Chevy	Impala/2007	4 door	Blue	2G1WT58K479158788	
Chevy	Impala/2005	4 door	Sandstone	2G1WF52E059311755	
Chevy	Impala/2005	4 door	Sandstone	2G1WF52E759390826	
Chrysler	Town & Country/2006	Van		2A4GP44R76R821969	
Chevy	Impala/2016	4 door	White	2G1115S35G9101811	
A G&M Alley	4-Wheel cat			97122	
R &W	2-Wheel	Trailer	Black	4RWUS1012BN044525	
Ford	F-150/2008	2 door	White	1FTEX1EW3AKB46130	
Chevy	Impala/2004	4 door	Red	2G1WF52E149167342	
Dodge	Ram Truck 1500/1994	Pickup	White	1B7HC16X5RS677938	
Ford	Econoline Van E150/1983	Van	Blue	1FTEE14Y3DHB48308	
Chevy	Impala/2004	4 door	White	2G1WF52E849235149	
Chevy	Express Van/2008	Van	White	1GAHG35K581127125	
Chevy	Express Van/2018	Van	White	QGAWGFFG2J1168112	

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Applicant's Name St Pauls Lutheran Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 375 So Lincoln St P.O. Box 94		County Lancaster	
City Malcolm	State NE	Zip Code 68402	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Treasurer 2018	Kathy Finke 8600 NW 126 Malcolm, NE 68402
President	Larry Duorak 8700 NW 140th Pleasant Dale NE. 68423

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	2003	Econoline Van	1FB55315534B	Jan 2017
		F-350	32394	

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 pick up kids for Wednesday school and other church 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 → *Russell Schmersal* Treasurer ²⁰¹⁷ 12-22-17
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Andy Abby 1-8-17
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.

aw

