



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 ADVENTSOURCE INC			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 5120 PRESCOTT AVENUE		County LANCASTER	
City LINCOLN	State NE	Zip Code 68506-5433	State Where Incorporated NEBRASKA

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
DIRECTOR	BRAD FORBES, 5120 PRESCOTT AVE, LINCOLN NE 68506
VP FOR FINANCE	JUDY GLASS, 5120 PRESCOTT AVE, LINCOLN NE 68506
BOARD PRESIDENT	GARY THURBER, 8307 PINE LAKE ROAD, LINCOLN NE 68516
BOARD MEMBER	DARRYL HUENERGARDT, 3001 RIDGEGATE 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
FORD	2005	FREESTAR SPORT SEL	2FMZA52295BA28302	02/02/2018

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:
 Vehicle is used for AdventSource, Inc. business purposes only. This would include transportation of employees, officers and/or board members to and from Lincoln and Omaha airports, the running of business related errands and transport of employees to and from company related functions, conventions and events.

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

Bruce Griffith SENIOR ACCOUNTANT 01/26/2018
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Andy Hibby 2-4-18
 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

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**FORM
457**

Applicant's Name Alzheimer's Association (Alzheimer's Disease and Related Disorders Assoc. Inc.)			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 1500 South 70th Street, Suite 201		County Lancaster	
City Lincoln	State NE	Zip Code 68506	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Sharon Stephens, 11711 Arbor Street, Suite 110, Omaha, NE 68144
Regional Development Director	Erinn Drouin, 11711 Arbor Street, Suite 110, Omaha, NE 68144
Program Director	Clayton Freeman, 11711 Arbor Street, Suite 110, Omaha, NE 68144

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 Camry	2004	4 Door Sedan	4T1BE32K34U936179	2/2018
Bulck Terraza	2005	4 Door Van	5GADV33L75D180220	2/2018
Chevy Uplander	2006	4 Door Van	1GND33L16D191074	2/2018

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?

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

We utilize the vehicles to provide education presentations and trainings regarding Alzheimer's disease and related dementias to local care facilities, support groups, individuals and general public. They are also used in our fundraising and awareness events to transport staff and equipment to and from the event locations.

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 Melanie Roberts Administrative Assistant 1/26/18
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibj 2-4-18
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature Date

[Handwritten Signature]



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM
457

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. 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
please see attached				Jan 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:

We are consolidating our fleet licensing into one location and licensing our vehicles from Auburn, Hastings and Imperial in Lancaster County. These vehicles are used for transporting domestic violence women with their children to safe environments. Hauling recycling items. Picking up donations for our thrift stores. Taking clients to meetings, doctor appointments and job interviews. Also transporting our counselors to meetings, workshops, training and any crisis counseling needs.

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

1/16/18

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibij
Signature of County Treasurer

1-18-18
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

[Handwritten signature]

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration date or date of acquisition, if newly purchased	License Number	CSS id #
Dodge	1987	D100	1B7FD04T5HS528197	9/13/11 currently registered in Nemaha Co.	4948	386
GMC	1994	Cutaway Van G3500	1GDHG31K9RF521529	6/23/09 currently registered in Chase Co.	72C465	459
Dodge	1999	Sport Van	2B5WB35Z3XK560710	3/1/17 currently registered in Adams Co.	3691	256
Chevrolet	2000	Silverado C1500	1CGCEC14T2YE144087	1/23/15 currently registered in Adams Co.	3575	388
Isuzu	2001	NPR	JALC4B14717008571	2/23/07 currently registered in Adams Co.	3578	401
Dodge	2002	Caravan Sport	2B4GP44312R739258	10/22/13 currently registered in Chase Co.	5131	233
Southwest	2003	4 Wheel Enclosed 16'	48BTE16253B033779	7/30/03 currently registered in Adams Co.	14X4270	569
Chrysler	2004	Town & Country Limited	2C8GP64L74R579600	8/27/14 currently registered in Nemaha Co.	4950	238
Buick	2005	Terraza CXL	5GADV33L55D197744	6/24/14 currently registered in Adams Co.	2101	213

TC



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FORM
457

Applicant's Name CenterPointe, Inc.			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2633 P St		County LANCASTER	State Where Incorporated NE
City LINCOLN	State NE	Zip Code 68503	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
TOMER HANSEN	CEO 2633 P St LINCOLN, NE 68503
TAMI LEWIS-ABRUDT	COO 2633 P St LINCOLN, NE 68503
STEVEN SHIVELY	CFO 2633 P St LINCOLN, NE 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
SEE ATTACHED				2/2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

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

**TRANSPORTATION FOR CLIENTS TO APPOINTMENTS
TRANSPORTATION OF GOODS TO PROGRAM LOCATIONS
MAINTENANCE**

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.

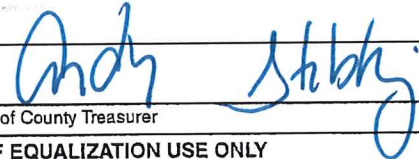
sign here  _____ **CFO** _____ **1-18-18**

Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

 _____ **1-23-18**

Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

_____ _____

Authorized Signature Date



IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION
 CEO Topher Hansen, 2633 P Street (03), Lincoln NE 68503
 CFO Steve Shively, 2633 P Street (03), Lincoln NE 68503
 COO Tami Lewis Ahrendt, 2633 P Street (03), Lincoln NE 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	Vehicle Use Description
Ford	2006	WSD	1FBNE31X6HA99958	Feb-17	Transport clients to agency sponsored activities including rec therapy outings, community and medical appointments
Ford	2000	WSD	1FBSS31L9YHB28235	Feb-17	Maintenance
Dodge	2003	GSP	2D4GP44L03R202369	Feb-17	Transport clients to agency sponsored activities including rec therapy outings, community and medical appointments
Carr	2008	2WH	4YMUL10178M017208	Feb-17	Maintenance
Ford	2002	WSD	1FBSS31SX2HB36097	Feb-17	Transport clients to agency sponsored activities including rec therapy outings, community and medical appointments
Ford	2003	RNS	1FTZR45E43PB14944	Feb-17	Maintenance
Ford	2013	WSD	1FBSS3BL4DDB02058	Feb-17	Transport clients to agency sponsored activities including rec therapy outings, community and medical appointments
Dodge	2016	VAN Passenger	2C4RDGCG6GR370690	10/18/2017	Transport clients to agency sponsored activities including rec therapy outings, community and medical appointments



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FORM
457

Applicant's Name: **CONGREGATION OF BENEDICTINE SISTERS**

Street or Other Mailing Address: **5720 'A' ST.**

City: **LINCOLN** State: **NE** Zip Code: **68510**

County: **LANCASTER** State Where Incorporated: _____

Type of Ownership:
 Nonprofit Corporation
 Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
PRES.	SR. CHRISTINE EREISER 2200 S. LEWIS TULSA, OK 74114
TREAS.	SR. CATHERINE MARTINEZ " " " " " "

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	2012	CAMRY	4T1BF1FK0CU106818	2-27-17

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

Are the motor vehicles used exclusively as indicated?
 YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:
TRANSPORTATION TO/FROM SEMINARY
ADMINISTRATIVE TRIPS
STUDENT 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 Sister Stephen Larson, CSP Title _____ Date 2-1-18
 Authorized Signature _____

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Andy Hbbj Signature of County Treasurer Date 2-4-18

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

 Authorized Signature Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

[Handwritten initials]

Application for Exemption

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FORM
457

Applicant's Name: First Evangelical Covenant Church
6024 "L" St.
Lincoln, NE 68510

County: Lancaster
 State: _____ Zip Code: _____
 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
<u>Chairperson</u>	<u>Bruce Rowe; 5937 Dobsons Ct.; Lincoln, NE 68516</u>
<u>Treasurer</u>	<u>Julie Timme; 4911 S. 67th; 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</u>	<u>2005</u>	<u>Van</u>	<u>1FBNE31LOSHB00257</u>	<u>2-21-06</u>

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

Give detailed description of use, including an explanation if multiple use classifications exist:
Van is used to transport children and adults to various religious activities and 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 Landia Blum Office Mgr. 1-5-18
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Andy Stebbins 1-8-18
 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.

[Handwritten initials]



Application for Exemption

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**FORM
457**

Applicant's Name	Homestead Presbytery		Type of Ownership
Street or Other Mailing Address	8300 East Pointe Road Lincoln, NE 68506		<input checked="" type="checkbox"/> Nonprofit Corporation
City	County Lancaster	State Where Incorporated	<input type="checkbox"/> Other (specify):
	Zip Code		

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<i>Executive Presbyter</i>	Mr. Richard Wyatt 7916 Colby St. Lincoln, NE 68505-3080

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>2017</i>	<i>Equinox</i>	<i>2GNALCEK5H6210717</i>	<i>1-30-17</i>

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: *For Executive Presbyter to attend church activities and meetings, visit pastors and governing boards, visit churches in worship, lead worship, preach, transport material for displays and presentations in churches, and provide carpooling for church members participating in these activities and meetings.*

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 Executive Presbyter 1-29-18
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

2-4-18
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Authorized Signature Date

RW



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM
457

Applicant's Name LUX Center for the Arts			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2601 North 48th Street		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
Executive Director	Susan McIntosh Kriz, 2601 N 48th, Lincoln, NE 68504
Board Chair	Todd Rivers, 585 W. Waverly Road, Raymond, NE 68428
Board Vice Chair	Sherri Daubert, 9121 Pioneer Court, Lincoln, NE 68520

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	2008	E-250	1FTNE24W88DB12955	02/04/2010

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:

WE USE THIS VAN TO TAKE ART CLASSES TO SCHOOLS AND OTHER LOCATIONS IN THE COMMUNITY AND TO TRANSPORT ART FOR OUR GALLERY.

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

Executive Director

1/26/2018

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

2-4-18
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date



Application for Exemption

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FORM
457

Applicant's Name
Madonna Rehabilitation Hospital

Street or Other Mailing Address
5401 South Street

City Lincoln State NE Zip Code 68506

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
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 Fusion SE	2017	4 door Fusion	3FA6P0HD4HR179397	1/31/17

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

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

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.

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 *Paul Dongilli* VP Facility System 1/31/17
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

 Andy Hlubek 2-4-18
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.

[Handwritten 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 MiddleCross Church of the C & MA			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address 2600 North 70th Street			County Lancaster	
City Lincoln	State NE	Zip Code 68507	State Where Incorporated Nebraska	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Lead Pastor	Jeff Wiesinger, 2322 North 87th Street, Lincoln NE 68507
Treasurer	Gerald Frieburg, 2020 Riveria Dr, Lincoln NE 68506
Director of Childcare Center	Dawn Nider, 4935 Huntington 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
Ford	2015	Transit Wagon	1FBZX2ZM0FKA26443	1/2017
Ford	2003	Eco Line Van	1FBSS31SX3HB32391	1/2017
Ford	1997	Eco Line Van	1FBJS31S9VHB17427	1/2017

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

Give detailed description of use, including an explanation if multiple use classifications exist:
Transportation of children and adults in the childcare center and for other religious and educational groups of the church.

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

Jeff Wiesinger
Authorized Signature

Lead Pastor

1/5/18

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shilling
Signature of County Treasurer

1-11-18
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

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• Read instructions on reverse side.

FORM
457

Applicant's Name MOUNT ZION BAPTIST CHURCH			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 3301 NORTH 56TH STREET		County LANCASTER	State Where Incorporated NEBRASKA
City LINCOLN	State NE	Zip Code 68504	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
TREASURER	MARGARET J STYLES, 3200 CENTER STREET, LINCOLN, NE 68503
CHAIR TRUSTEE	CHARLES ROBINSON, 6121 AYLESWORTH, LINCOLN, NE 68505
PASTOR	REV. DR. MICHAEL W. COMBS, 2501 SOUTH 76TH 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	2015	T 350	1FB2X2YM1FKA72400	Feb 2018
FORD	2005	E 450	1FDXE45S85HB19856	

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 ARE USED ONLY FOR CHURCH SERVICES 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

Margaret J Styles

Title

TREASURER

Date

1-7-2018

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Andy Hubby

Date

1-11-18

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 <i>Tabitha, Inc.</i>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <i>4720 Randolph St.</i>		County <i>Lancaster</i>
City <i>Lincoln</i>	State <i>NE</i>	Zip Code <i>68510</i>
		State Where Incorporated <i>NE</i>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
<i>President</i>	<i>Christie Hinrichs, President 4720 Randolph, Lincoln, NE 68510</i>
<i>Chief Operating Officer</i>	<i>Amy Ostermeyer, COO " " " " "</i>
<i>VP/CEO</i>	<i>Alan Uden, CEO " " " " "</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>Ford Transit Connect XLT</i>	<i>2016</i>	<i>SPAT VAN</i>	<i>NM0GE9FT3G1242846</i>	<i>12/22/17</i>

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:
used for pick up and delivery of durable medical 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 *Steven J. Watson* _____ Title _____ Date _____
Purdhaus' Supply Chain MGR 11/7/18

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

Andy Stobbing _____ Date *1-18-18*
 Signature of County Treasurer

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL

_____ Date _____
 Authorized Signature

PLEASE RETAIN A COPY FOR YOUR RECORDS.

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 Union College			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 3800 South 48th Street		County Lancaster	
City Lincoln	State NE	Zip Code 68506	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Vinita Sauder, 3800 South 48th Street, Lincoln, NE 68506
Secretary / Treasurer	Steve Trana, 3800 South 48th Street, Lincoln, NE 68506
VP for Academic Administration	Frankie Rose, 3800 South 48th 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
See Attached				Jan 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:

Vehicles are used: in the maintenance of the campus, procurement of supplies, and transportation of our students.

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

Controller

1/19/18

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL


Signature of County Treasurer

1-19-18
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date



Motor Vehicle Make		Model Year	BODY TYPE	Vehicle ID Number	DEPT. ASSIGNED	COLOR	Plate
Ford Dump Truck	*	1972	Dump truck	F61EVN01484	Plant Service	Yellow	2569
Chevy 1 1/4 Ton Truck	*	1985	Truck	1GCGD34J8FF351462	Plant Service	Camo	2571
Chevy 1 1/4 Ton Truck	*	1986	Truck	1GBHD34J4GF422540	Plant Service	Tan/Green	2572
Ford Ranger	*	1993	Pick up	1FTCR10A3PUD65566	Plant Service	Green	2573
Ford Ranger	*	1994	Pick up	1FTCR10AXRPA16325	Plant Service	Blue	2574
Ford Pickup	*	1996	Pick up	1FTHX25H6TEA80226	Campus ministry	Gray/White	2575
GMC	*	1997	Cargo Cutaway	1GDKP32Y5V3503114	Union Market	White	2576
Plymouth Grand Voyager	*	1998	Sports Van	1P4GP44G2WB532285	Transportation	Purple	2577
GMC Sonoma PU	*	1998	Pick up	1GTCS1448WK523855	Plant Service	Dk Blue	2578
Chevy Cargo Van	*	1999	Van	1GCGG25W8X1100791	Plant Service	Black	2579
Chevy Step Van	*	1999	Van	1GBHG31F2X109090957	Plant Service	Blue	2580
Ford DRW Super Duty F350 (12 ton)	*	2000	Pick up	1FDWFF36FOYEB79799	Plant Service	White	2581
Chevy Cargo Van	*	2000	Van	1GCFG15W9Y1147450	Plant Service	White	2582
Ford Van	*	2005	Van	1FBNE31LX5HA65565	Transportation	White	UGV 070
Ford Econoline E350 van	*	2006	Van	1FBNE31L46DB40981	Transportation	White	UGV 067
Ford Econoline E350 van	*	2011	Van	1FBNE3BL7BDA67775	Transportation	White	UGU 994
Ford Transit T-350	*	2016	Passenger Van	1FBZX2CG8GKA83476	Transportation	White	UGU995
Ford Escape	*	2004	Sports Utility	1FMYU03144KA15442	Plant Service	Dark Blue	2583
MCI	*	1999	BUS	1M8TRMPA4XP060486	Transportation	White Wrap	UGV 072
H&H Trailer (for VW)	*	2012	Trailer	533TC2622CC211600	Enrollment Srvc	White	XPJ 293
Haulmark Trailer (7'x12')	*	2013	Trailer	16HPB1222DH202284	IRR	Black	XPJ 294
Trailer (Gymnastics Equip)		1980	Trailer	4W0500M000044446	Plant Service	Red	XNX 282
H&H Trailer Transportation	*	2015	Trailer	533TC1227FC44354	Transportation	White	XJP 295
5x8 Carry-On Utility Landscape Trailer	no title	2014	Trailer	4YMUL081XEM005211	Plant Service		XJP 296
H&H Horton Hauler		2017	Trailer	5E2B11426H1055041	Gymnastics	TAN	XPL 398
Dump Trailer	*	2016	Trailer	4ZEDT1423G1102385	Plant Service		XPJ 297
5x8 Carry-On Utility Landscape Trailer	no title	2014	Trailer	4YMUL081XEM005239	Plant Service		XPJ 298