



# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

FORM  
457

Applicant's Name <b>Lutheran Family Services of Nebraska, Inc.</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address <b>2301 "O" Street</b>		County <b>Lancaster</b>		
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68510</b>	State Where Incorporated <b>Nebraska</b>	

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

Title	Name, Address, City, State, Zip Code			
Board Chair	Susan Lewis 124 S. 24th Street Omaha, Nebraska 68102			
Vice Chair	Debbie Fraser 124 S. 24th Street Omaha, Nebraska 68102			
Treasurer	Kim Sucha 124 S. 24th Street Omaha, Nebraska 68102			

### 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	1993	Econoline Van	1FTFE24Y3PHB85793	February 2017
Ford	2001	Econoline Van	1FBSS31L11HA68697	February 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 in our Refugee Resettlement Programs

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

*Ruth A. Henrichs*  
Ruth A. Henrichs

President & CEO

Title

Date

2/7/18

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

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

DISAPPROVAL

*Andy Stibbig*  
Signature of County Treasurer

Date

2-13-18

### 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

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

FORM  
**457**

Applicant's Name  
**Sesostris Shrine**

Street or Other Mailing Address  
**1050 Saltillo Rd**

City  
**Roca**

State  
**NE**

Zip Code  
**68430**

County  
**Lancaster**

State Where Incorporated  
**Nebraska**

Type of Ownership

Nonprofit Corporation

Other (specify): \_\_\_\_\_

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

Title	Name, Address, City, State, Zip Code
Potestate	Gothard Friesen, 6151 Blackstone Rd, Lincoln, NE 68526
Chief Rabban	Richard Eggerling, 5554 W Chancery Rd, Lincoln, NE 68521
Recorder	William Cummins, 9620 S 30th St, 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
Homemade Trailer	1990	2 wheel utility 6 X 8	None	Jan 29, 2018
Homemade Trailer	1978	2 wheel trailer, pickup box	None	Jan 29, 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 families 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

*William A. Cummins*

Title

Recorder

Office Manager/Controller

Date

2-6-18

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

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

DISAPPROVAL

Signature of County Treasurer

*Andy Stedy*

Date

2-11-18

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

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

DISAPPROVAL

Authorized Signature

Date

*AW*