



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: Connecting Points Church of the Nazarene

Street or Other Mailing Address: 1901 S 70th St

City: Lincoln State: NE Zip Code: 68502 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
Senior Pastor	Doug Atteberry 6950 South St Lincoln NE 68502
Asst. Director	Dana Eldred 3501 Oakview Blvd Raymond NE 68428

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
Dodge	2014	van	2CARDB6B68ER240974	4/2018
Ford	1999	van	1FB5S31Z8XH805186	
Ford	2005	van	1FBUE31L65HA11714	

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use:

_____ %

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

Transporting children to and from school, field trips, lessons. Errands for the center.

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

Dana Eldred
Authorized Signature

Asst. Director
Title

4-3-18
Date

FOR COUNTY TREASURER RECOMMENDATION

- APPROVAL
 DISAPPROVAL

COMMENTS: _____

Andy Stibky 4-10-18
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

- APPROVAL
 DISAPPROVAL

COMMENTS: _____

Authorized Signature Date

AW



Application for Exemption

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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**FORM
457**

Applicant's Name <i>First Baptist Church Lincoln</i>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address <i>1340 K ST</i>		County <i>Lancaster</i>	
City <i>Lincoln</i>	State <i>NE</i>	Zip Code <i>68508</i>	State Where Incorporated

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<i>Moderator</i>	<i>Malinda Jean Baptiste - 1546 N. 60, Lincoln NE 68505</i>
	<i>Craig Erickson - 341 S. 56 " 68510</i>
	<i>Robert Newell - 2311 S. 47 " 68506</i>
	<i>Susan Newell - " " "</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 Van</i>	<i>2011</i>	<i>Van WSD</i>	<i>1FBNE3BL9BDA42702</i>	<i>Renewal April 2015</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:

Transport of Congregation members to/from worship and religious events.

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 *Malinda Jean Baptiste* *Moderator* *4-3-18*
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hilly
Signature of County Treasurer

4-10-18
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

(Handwritten signature)



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Applicant's Name

Type of Ownership

Street or Other Mailing Address

County

Nonprofit Corporation

City

State

Zip Code

State Where Incorporated

Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
	Robert Fairchild 5310 Adams - Lincoln NE 68504
	Richard Terrell 6905 Forest Lake Blvd " 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

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:

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



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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• To be filed with your county treasurer.
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Applicant's Name Lincoln Literacy Council			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 745 S. 9th Street		County Lancaster	
City Lincoln	State NE	Zip Code 68508	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Clayton F. Naff, 3310 S. 27th St., Lincoln, NE 68502
Board President	David Williams, 2509 Rathbone Rd., Lincoln, NE 68502
First Vice President	Janet Eskridge, 128 N. 13th St., Apt. 1007, Lincoln, NE 68508
Second Vice President	Kelly Neill, 2717 S. 12th St., Lincoln, NE 68502

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 E350	2002	Econoline Wagon E350 SUP	1FBNE31L12HA20204	4/19/2016
Ford Transit	2015	Ford Transit	1FBZX2ZM0FKA38740	3/24/2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

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

Vans are used for door to door transportation for English language learners with special transportation 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

Authorized Signature

Executive Director

Title

4/13/2018

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Date

4-10-18

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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Applicant's Name LINCOLN MEDICAL EDUCATION PARTNERSHIP			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 4600 VALLEY RD		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	DR. ALAN LINDERMAN 4600 VALLEY RD, LINCOLN NE 68510
FINANCE DIRECTOR	MICHAEL ALMOND " "
SEE ATTACHED BOARD LISTING	

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	F250	1FTBF2B66FEB64188	APRIL 2018
NISSAN ALTIMA	2009	4 DR. SEDAN	1N4AL21E69N455040	APRIL 2018
TOYOTA CAMRY	2004	4 DR. SEDAN	4T1BE32K94U923176	APRIL 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:

FORD MAINTENANCE VEHICLE USED FOR PLOWING SNOW & LOCAL ERRANDS. CARS TRAVEL THROUGHOUT THE STATE TO COORDINATE DRUG AND ALCOHOL COUNSELOR TRAININGS AND TO PROVIDE TRAINING TO SCHOOL PERSONNEL ALONG WITH LOCAL MEETINGS.

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

Finance Director

Title

4/4/18

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Date

4-10-18

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date



Lincoln Medical
Education Partnership

Board of Directors
FY 2017-2018

Chairman

Carolyn Cody, M.D. (Bryan Health)
Breast & General Surgical Specialties
Bryan Health
2222 S 16th Street, Suite 430
Lincoln, NE 68502
Original start date: 09/07
Phone: (402) 483-8570
E-mail: carolyn.cody@bryanhealth.org

Vice Chairman

Korby Gilbertson (At-Large)
Attorney/Lobbyist
Radcliffe & Associates
100 The Mayfair, 625 S 14th Street
Lincoln, NE 68508
Term: 01/16 – 12/17
Original start date: 01/16
Phone: (402)
Email: KorbyG@radcliffeandassociates.com

Secretary/Treasurer

Mark Hutchins, M.D. (Bryan Health)
Nebraska Hematology Oncology, PC
4004 Pioneer Woods Drive
Lincoln, NE 68506
Term: 01/17 – 12/18
Original start date: 01/11
Phone: (402) 484-4900
E-mail: mhutchins@yourcancer.org

LMEP President

Alan Linderman, M.D.
President & CEO
Lincoln Medical Education
Partnership
4600 Valley Road
Lincoln, NE 68510-4844
Original start date: 10/08
Phone: (402) 327-6801
E-mail: alinderman@lmep.com

Lawrence Bausch, M.D. (Bryan Health)

6724 Forest Lake Place
Lincoln, NE 68516
Original start date: 07/10
Phone: (402) 730-7432
Email:
lawrence.bausch@bryanhealth.org

George Hansen, M.D. (CHI Health)

Autumn Ridge Family Medicine
5000 N 26th Street
Lincoln, NE 68521
Original start date: 03/12
Phone: (402) 784-8400
E-mail: ghansen@stez.org

Eric Mooss (Bryan Health)

President, Bryan Physician
Network
Bryan Health
2300 S. 16th Street
Lincoln, NE 68502
Original start date: 04/16
Phone: (402) 639-8614
E-mail: eric.mooss@bryanhealth.org

Carol Ott Schacht (At-Large)

Vice President
University of Nebraska - Lincoln
3200 S 31st Street
Lincoln, NE 68502
Term: 12/16 – 12/18
Original start date: 12/16
Phone: (402) 525-0442
E-mail: c.ottschacht@unl.edu

Samip Patel (At-Large)

Vice President
Cornhusker Bank
1101 Cornhusker Highway
Lincoln, NE 68521
Term: 01/16 – 01/18
Original start date: 01/16
Phone: (402) 310-6147
E-mail: samip.patel@cornhuskerbank.com

Michael Rapp, M.D. (CHI Health)

V.P., Medical Operations
CHI Health St. Elizabeth
555 S. 70th Street
Lincoln, NE 68510
Term: 07/17 – 06/19
Original start date: 07/17
Phone: (402) 219-8946
E-mail: mrapp@stez.org

LMEP Resident Physician:

Adam Rensch, M.D.
Lincoln Family Medicine Program
4600 Valley Road
Lincoln, NE 68510
Term: 07/15 – 06/17
Phone: (402) 483-4591
E-mail: arensch@lmep.com

Student Board Member:

Garrett Miles
1545 R Street
Lincoln, NE 68508
Term: 10/15 – 10/17
Phone: (605) 731-9416
E-mail: garrettmiles@gmail.com



Application for Exemption

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**FORM
457**

Applicant's Name St Monica's Home		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 120 Wedgewood Drive		
City Lincoln	State NE	County Lancaster
	Zip Code 68510-2431	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Mary Barry-Magsamen, 120 Wedgewood Dr., Lincoln, NE 68510-2431
Board President	Bobby Truhe, 120 Wedgewood Dr., Lincoln, NE 68510-2431
Director of Operations	Gail Javorsky, 120 Wedgewood Dr., Lincoln, NE 68510-2431
Director of Finance	Tammy Hayes, 120 Wedgewood Dr., Lincoln, NE 68510-2431

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				

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:

Vehicles are used to transport clients in residential substance abuse treatment programs to and from living locations to treatment, meetings, and appointments.

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 ▶

Tammy Hayes
Authorized Signature

Director of Finance

3/26/2018

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shultz **4-10-18**
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

aw

St. Monica's Vehicle List Updated March 2018

Date	Make/Model	Color	VIN#	Program	Origin
1997	Mercury Tracer	White	3MELM15PXVR603654	Admissions	Donated 1/04
2004	Toyota Sienna	Silver	5TDZA22C24S006473	PMC	Donated 3/14
2005	Dodge Caravan	Black	1D4GP25B75B111031	STRS	Purchased 08/2010
2005	Honda Odyssey	Blue	5FNRL38405B103239	STRW	Purchased 06/2013
2006	Honda Odyssey	Beige	5FNRL38736B424123	STRS	Purchased 12/2013
2008	Chevrolet Van	White	1GAGG25K581232723	TC	Purchased 5/09
2009	Ford Econoline	White	1FBNE31L49DA54798	STRS	Purchased 12/2016