

# 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 University of Nebraska Foundation			County Lancaster	
Street or Other Mailing Address 1010 Lincoln Mall, Suite 300			State Where Incorporated Nebraska	
City Lincoln	State NE	Zip Code 68508		

Type of Ownership

Nonprofit Corporation

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

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

Title	Name, Address, City, State, Zip Code
President & CEO	Brian Hastings, 1010 Lincoln Mall, Suite 300, Lincoln, NE 68508
Sr. VP & General Counsel	Keith Miles, 1010 Lincoln Mall, Suite 300, Lincoln, NE 68508
Assistant Corporate Secretary	Chet Poehling, 1010 Lincoln Mall, Suite 300, Lincoln, NE 68508

## 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	2015	SE	4T4BF1FK3FR496503	July 2018
Toyota RAV4	2014	LE	2T3BFREV9EW197818	July 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 will be used for transportation to fundraising events, for donor visits, and in furtherance of other business of the University of Nebraska Foundation in its mission to support the University of Nebraska.

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.

University of Nebraska Foundation

sign here

By: Chet U. Poehling Asst. Corp. Secretary 6/25/18  
Authorized Signature Title Date

## FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

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

Andy Hibby  
Signature of County Treasurer

7-2-18  
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 <b>Trinity United Methodist Church</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>7130 Kentwell Ln</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68516</b>	
			State Where Incorporated <b>Nebraska</b>

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

Title	Name, Address, City, State, Zip Code
Lead Pastor	Nan Kaye-Skinner 7130 Kentwell Ln, Lincoln, NE 68516
Director	Deanna Turner 1345 S 16th Street, 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
BLue Bird	2007	Bus	1GBJG31U871212981	July 2007

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:

- ① The bus will be used to transport members of guest to/from church on Sundays who would otherwise be unable to attend.
- ② Children & Youth ministries will use it for special outings & community mission work.
- ③ Church sponsored child care missions will use it for educational field 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

Business Administrator

6/25/2018

Title

Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL

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

DISAPPROVAL

Signature of County Treasurer

7-2-18  
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  
**Villa Marie School**

Street or Other Mailing Address  
**7205 N. 112th ST**

City  
**Waverly**

State  
**NE**

Zip Code  
**68462**

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	James D. Conley, PO Box 80328 Lincoln, NE 68501
Vice President	Timothy J. Thorburn, P.O. Box 80328 Lincoln, NE 68501
Secretary-Treasurer	John J. Perklinton P.O. Box 80328 Lincoln, NE 68501
Board Member	Ann Marie Zierke 6765 N. 112th Waverly, NE 68462

### 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	E-150	1FMRE11L53HA65872	7/29/2004
Chevrolet	2005	Mid Bus	1GBJG31U041160662	4/1/2005
Ford	2010	Sport Van E-150	1FMNE1BL5AD54520	9/5/2013

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 students for school 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

Authorized Signature

*Rev. John Perklinton*

Secretary-Treasurer

Title

Date

*June 26, 18*

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

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

DISAPPROVAL

*Andy Hhly*      *7-2-18*

Signature of County Treasurer

Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

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

DISAPPROVAL

Authorized Signature

Date

*am*



# 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>Epona Horse Rescue</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>20100 SW 114th St</b>		County <b>Lancaster</b>	
City <b>Crete</b>	State <b>Ne</b>	Zip Code <b>68333</b>	State Where Incorporated <b>Nebraska</b>

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

Title	Name, Address, City, State, Zip Code
Director/President	Belinda Guyton 20100 SW 114th St Crete Ne 68333
Vice President/Treasure	Larry Guyton 20100 SW 114th St Crete Ne 68333
Secretary	Jodi Freeman 6640 Adams Lincoln Ne 68507

**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 F250	2009	F250 TRUCK	1FTSX21Y59EA28719	06/19
TITAN TRAILER 20'	2009	STOCK TRAILER	4TGG2020991054069	06/19

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 for the transport of rescue horses and the hauling of hay and other needed supplies .**

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** ▶

*Belinda Guyton* Director

6-9-18

Authorized Signature

Title

Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL

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

DISAPPROVAL

▶ *Candace Meredith, Chief Deputy* 6/26/18  
 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

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

**FORM  
457**

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

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

Title	Name, Address, City, State, Zip Code
Executive Director	Mary Barry-Magsamen, 120 Wedgewood Drive, Lincoln, NE 68510-2431
Board President	Bobby Truhe, 120 Wedgewood Drive, Lincoln, NE 68510-2431
Director of Operations	Gail Javorsky, 120 Wedgewood Drive, Lincoln, NE 68510-2431
Director of Finance	Tammy Hayes, 120 Wedgewood Drive, 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
Chevrolet	2012	Sport Van	1GAZGYFA7C1193546	6/12/2018

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 to transport clients in residential substance use treatment programs to and from living locations to treatment, meetings, and appointments

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

Director of Finance

Date

6/18/2018

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

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

DISAPPROVAL

Signature of County Treasurer

6/26/18  
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 filled with your county treasurer.  
 \* Read instructions on reverse side.

**FORM**  
**457**

Applicant's Name  
**AMERICAN RED CROSS**

Street or Other Mailing Address  
**220 OAKCREEK DR**

City  
**LINCOLN**

State  
**NE**

Zip Code  
**68528**

County  
**DOUGLAS**

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
Chair	Elizabeth Wood, McGladrey LLP 570 Fallbrook Blvd Ste 109 Lincoln NE 68521
Vol and Mission Chair	Kristi Newcomb, Allied/Nationwide 3041 Village Dr Lincoln NE 68518

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
CHEV SUBURBAN	2002	SUBURBAN	1GNFK16Z62J221364	JULY NE 2002

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

Give detailed description of use, including an explanation if multiple use classifications exist:  
 mission related travel - services to armed forces, disaster services, etc.

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**

*Jeri Keller*  
 Authorized Signature

Regional Chief Administrative Officer    06/15/2018  
 Title    Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL    \_\_\_\_\_

*Condee Meredith, Chief Deputy*    6/26/18  
 Signature of County Treasurer    Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL    \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_  
 Authorized Signature    Date

Received Time Jun. 15. 2018 3:14PM No. 7379

*ew*



# Application for Exemption

## from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filed with your county treasurer.  
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**FORM  
457**

Applicant's Name <i>Connecting Points Church of the Nazarene</i>				Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address <i>1901 S. 70th St Lincoln</i>			County <i>NE</i>	State Where Incorporated <i>Nebraska</i>	
City	State	Zip Code			

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Pastor	<i>Doug Atchery 6950 South St Lincoln NE 68502</i>
Director	<i>Arline Wimb 5512 Channel Dr Lincoln NE 68516</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</i>	<i>2017</i>	<i>Van-15 Passenger</i>	<i>2FBZK2ZM5HK307442</i>	<i>6-14-18</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 vehicle will be used to transport children to + from school as well as on field trips*

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. Director* \_\_\_\_\_ *6-21-18*  
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION	
<input checked="" type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
_____ <i>6/26/18</i> Signature of County Treasurer Date	

FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
_____ Authorized Signature Date	

**PLEASE RETAIN A COPY FOR YOUR RECORDS.**



# 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 <b>The American Legion, Department of Nebraska</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>P.O. Box 5205, 5600 P Street</b>		County <b>55</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68505-0205</b>	State Where Incorporated <b>Nebraska</b>

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

Title	Name, Address, City, State, Zip Code
Department Adjutant	David W. Salak, P.O. Box 5205, Lincoln, NE 68505
Department Assistant Adjutant	Brent Hagel-Pitt, P.O. Box 5205, Lincoln, NE 68505

**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
Chrysler, Pacifica Touring	2017	Mini Van	2C4RC1DG2HR515028	07/17/2017
Dodge, Caravan SXT	2014	Sport Van	2C4RDGCG8ER453020	07/17/2017

<p>Exempt Uses of Motor Vehicle:</p> <p><input type="checkbox"/> Agricultural/Horticultural    <input type="checkbox"/> Educational    <input type="checkbox"/> Religious    <input checked="" type="checkbox"/> Charitable    <input type="checkbox"/> Cemetery</p> <p>Give detailed description of use, including an explanation if multiple use classifications exist:</p> <p><b>Used for official travel by Department Officers and staff</b></p>	<p>Are the motor vehicles used exclusively as indicated?</p> <p><input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If No, give percentage of exempt use:</p> <p>_____ %</p>
---	--

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** ▶

*Brent Hagel-Pitt*  
Authorized Signature

Assistant Adjutant

06/14/2018

Title

Date

**FOR-COUNTY TREASURER RECOMMENDATION**

APPROVAL

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

DISAPPROVAL

*Andy Stibitz*      6-18-18  
Signature of County Treasurer      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 <b>The American Legion, Department of Nebraska</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>P.O. Box 5205, 5600 P Street</b>		County <b>55</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68505-0205</b>	State Where Incorporated <b>Nebraska</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Department Adjutant	David W. Salak, P.O. Box 5205, Lincoln, NE 68505
Department Assistant Adjutant	Brent Hagel-Pitt, P.O. Box 5205, Lincoln, NE 68505

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
Chrysler, Pacifica Touring	2017	Mini Van	2C4RC1DG2HR515028	07/17/2017
Dodge, Caravan SXT	2014	Sport Van	2C4RDGCG8ER453020	07/17/2017

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:  
**Used for official travel by Department Officers and staff**

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** \_\_\_\_\_ Assistant Adjutant    06/14/2018  
 Authorized Signature    Title    Date

**FOR-COUNTY TREASURER RECOMMENDATION**

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL    \_\_\_\_\_

\_\_\_\_\_ 6-18-18  
 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 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 Food Bank of Lincoln, Inc.			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 4840 Doris Bair Circle, Suite A		County Lancaster	
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
President	Dr. Marilyn Moore, Retired
Vice-President	Dave Wilcox, Retired
Secretary	Dr. Karla Lester, Children's Center for the Child and Community
Treasurer	Ron Jester, Labenz & Associates LLC

### 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
Freightliner	2008	24' box with refer	1FVHCYBS78HZ65723	July 17/18
Sterling	2004	24' box with refer	2FZACFDDX4AN12731	↓
Sterling	2009	24' box with refer	2FZACGBS79AAD7181	
Toyota	2012	Highlander Hybrid	JTEDC3EH0C2004255	
Freightliner	2018	26' box with refer	1FVACWFB7JHJN5725	06/06/2018

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

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

Pick up donations from donors and deliver them to agencies and community in general.

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

6/12/18

Title

Date

### FOR COUNTY TREASURER RECOMMENDATION

- APPROVAL  
 DISAPPROVAL

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

Signature of County Treasurer

Date

6-18-18

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

- APPROVAL  
 DISAPPROVAL

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

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 <b>Food Bank of Lincoln, Inc.</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>4840 Doris Bair Circle, Suite A</b>		County <b>Lancaster</b>	
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68504</b>	State Where Incorporated <b>NE</b>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President	Dr. Marilyn Moore, Retired
Vice-President	Dave Wilcox, Retired
Secretary	Dr. Karla Lester, Children's Center for the Child and Community
Treasurer	Ron Jester, Labenz & Associates LLC

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
Freightliner	2014	26' box with refer	1FVHCYDT4EHFN8110	July 17/18 ↓
Lincoln Zephyr	2006	4 door sedan	3LNHM26106R627773	
Freightliner	2009	22' box with refer	1FVACWDT19DAL7302	
Sterling Acterra	2009	22' box with refer	2FZACFDT39AAG7066	
Freightliner	2016	26' box with refer	1FVACWDT8GHHK4847	

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:  
 Pick up donations from donors and deliver them to agencies and community in general.

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

6/12/18

Title

Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL

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

DISAPPROVAL

Signature of County Treasurer

Date

6-18-18

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL

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

DISAPPROVAL

Authorized Signature

Date



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

FORM  
457

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

Applicant's Name <b>Indian Hills Community Church</b>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <b>1000 South 84th 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
Senior Associate Pastor	Jeff Horn, 1000 South 84th 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
Ford	2009	15-Passenger Van	1FBSS31L09DA55863	June 2018
Chevrolet	2008	15-Passenger Van	1GAGG25K381153146	
Ford	2010	15-Passenger Van	1FBSS3BL2ADA12063	

#### Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

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

- Picking up people for church on Sundays and Wednesdays.
- Transporting groups to camps, retreats, 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

Authorized Signature

Senior Associate Pastor

05/18/2018

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