	from Motor Vehicle T	cation for Exeaxes by Qualifying later to be filed with your count Read instructions on rever	Nonprofit Organizatior v treasurer.	rorm 457	
Applicant's Name	adation			Type of Ownersh	ip
University of Nebraska Four Street or Other Mailing Address	เนสแบท		I O a company	Nonprofit Nonprof	
1010 Lincoln Mall, Suite 300)		County	Corporation	חכ
Sity	Stat	e Zip Cod	and the same of th	Other (spe	ecify):
Lincoln	NE			raska	
IDEN	NTIFY OFFICERS, DIRECT	ORS, OR PARTNERS OF	THE NONPROFIT ORGANIZ	ZATION	
tle	Name, Address, City, State				
resident & CEO		incoln Mall, Suite 300, Lin			
r. VP & General Counsel	Keith Miles, 1010 Linco	oln Mall, Suite 300, Lincoln	n, NE 68508		
ssistant Corporate Secretary	Chet Poehling, 1010 Li	ncoln Mall, Suite 300, Lind	coln, NE 68508		
		IPTION OF THE MOTOR h an additional sheet, if i			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Numbe	Registration Dat r Date of Acquisit if Newly Purcha	tion.
oyota Camry	2015	SE	4T4BF1FK3FR4965		
pyota RAV4	2014	LE	2T3BFREV9EW197		
mpt Uses of Motor Vehicle:				Are the motor vehicles used exclusive	
therance of other business pport the University of Nebr		ebraska Foundation i	n its mission to	f No, give percentage of exempt use	•
in membership or employment in the interest in	authorized to sign this exemption ent based on race, color, or nation of Nebrusky	n application, and that the organization origin. Foundation	e best of my knowledge and belief, inization owning the above-listed p	property does not discriminate	
/					
APPROVAL	COMMEN	TS:	,		
DISAPPROVAL		nd	Stiller	7-2	-1
	FOR COUNT	Signature of County Treat Y BOARD OF EQUALIZA		Date	
] APPROVAL		rs:			
DISAPPROVAL					
_					
		N			

Nebraska Department of REVENUE PROPERTY ASSESSMENT	Appli from Motor Vehicle	Cation for Ex Taxes by Qualifying To be illed with your coun Read instructions on reve	Nonprofit (P n Organizations	FORM 457
Applicant's Name		Troda mondona off 1646	usa siue.		Type of Ownership
Trinity United Methodist Ch	nurch				
Street or Other Malling Address 7130 Kentwell Ln				County	Nonprofit Corporation
Olty Nertwell Life				Lancaster	Other (specify):
Lincoln	Ste	p 0 0 0 0 0 0 0	de	State Where Incorporated	U Outlet (specify):
	N	_		Nebraska	
IDE	NTIFY OFFICERS, DIREC	TORS, OR PARTNERS OF	THE NONPRO	OFIT ORGANIZATION	—l
ille	Name, Address, City, Sta				
ead Pastor	Nan Kaye- Skinner 71	30 Kentwell Ln, Lincoln, Ni	E 68516		
lirector	Deanna Turner 1345	S 16th Street, Lincoln, NE	8502		
3	DESC • Attac	RIPTION OF THE MOTOR ch an additional sheet, if I	VEHICLES necessary.		
Motor Vehicle Make	Model Year	Body Type	Ve	ehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased
Lue Bird	2007	Bus	1GB.	JG31U871212981	July 2007
					, =
Under penalties of law, I de	who would office the state of t	application and that it is, to the n application, and that the orgar onal origin.	L 1 - f 1	edge and bellef, true, complete, ne above-listed property does no	
	FOR COUN	TYTREASURER RECOM	MENDATION		
APPROVAL	COMMENT	rs:			
] DISAPPROVAL		Signature of County Treas	lurer -	hb)	7-2-1
	FOR COUNTY	BOARD OF EQUALIZATI		()	Date
APPROVAL	COMMENT				
DISAPPROVAL			1-2-		
		Authorized Signature			Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(o) and (d), and 60-3,185, and 60-3,189

Nebraske Department of REVENUE fi	APP rom Motor Vehic	lication for Ex le Taxes by Qualifying • To be filed with your cou	Nonprofit (on Organizations	FORM 457
Applicant's Name	-	Read instructions on rev	erse side.		Type of Ownership
Villa Marie School					Nonprofit
Street or Other Mailing Address				County	Corporation
7205 N. 112th ST				Lancaster	Other (specify):
Waverly		State Zip Co		State Where Incorporated	
	TEV OFFICERS DIR			NE	
Title		ECTORS, OR PARTNERS O	F THE NONPR	OFIT ORGANIZATION	
President	Name, Address, City,	PO Box 80328 Lincoln, NE 6	2504		
/ice President		m, P.O. Box 80328 Lincoln, NE 6			
Secretary-Treasurer	John J. Perkinton	P.O. Box 80328 Lincoln, NE	NE 68501		
Board Member		6765 N. 112th Waverly, NE 6			
		TO THE TEXT TRAVELLY, THE O	7402	,	
	DE:	SCRIPTION OF THE MOTOR	VEHICLES necessary.		
Motor Vehicle Make	Model Year	Body Type	T	ehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Ford	2003	E-150	1FM	RE11L53HA65872	7/29/2004
Chevrolet	2005	Mid Bus		JG31U041160662	4/1/2005
ord	2010	Sport Van E-150	1FM	NE1BL5AD54520	9/5/2013
Agricultural/Horticultural	explanation if multiple up	Religious Charitable		as indicated?	vehicles used exclusively
Agricultural/Horticultural ive detailed description of use, including an Transportation EXCHS Under penalties of law, I declar also declare that I am duly auth in membership or employment	explanation if multiple us	se classifications exist:	- Scho	as indicated? XYES If No, give per 9 ledge and belief, true, complet the above-listed property does	NO centage of exempt use: 6
Agricultural/Horticultural Agricultural/Horticultural Ive detailed description of use, including an analysis of law, I deciar also declare that I am duly auth in membership or employment	re that I have examined it norized to sign this exemple based on race, enter, or it will be the control of the	nis application and that it is, to the strong national origin. Solution application and that the organization application and the strong national origin.	School Sc	as indicated? XYES If No, give per 9 ledge and belief, true, complet the above-listed property does in the second control of the	□ NO centage of exempt use: 6
Agricultural/Horticultural Agricultural/Horticultural Index portation Onder penalties of law, I declar also declare that I am duly auth in membership or employment	re that I have examined it norized to sign this exemple based on race, enter, or it will be the control of the	nis application and that it is, to the tition application, and that the organizational origin.	School Sc	as indicated? XYES If No, give per 1edge and belief, true, complet the above-listed property does in the	NO centage of exempt use:
Under penalties of law, I declar also declare that I am duly auth in membership or employment	re that I have examined it norized to sign this exemple based on race, enter, or it will be the control of the	nis application and that it is, to the titon application, and that the organizational origin. Signification and that the organizational origin.	School Sc	as indicated? XYES If No, give per 1edge and belief, true, complet the above-listed property does in the	NO centage of exempt use:
Agricultural/Horticultural Sive detailed description of use, including an Transportation PROFES Under penalties of law, I declar also declare that I am duly auth in membership or employment Sign Authorized Signature	e that I have examined the contract to sign this exemple based on race, enter the contract to sign this exemple based on race, enter the contract to sign this exemple based on race, enter the contract to th	nis application and that it is, to the titon application, and that the organizational origin. Signification and that the organizational origin.	School Sc	as indicated? XYES If No, give per 1edge and belief, true, complet the above-listed property does in the	NO centage of exempt use:
Under penalties of law, I declar also declare that I am duly auth in membership or employment APPROVAL	e that I have examined the contract to sign this exemple based on race, enter the contract to sign this exemple based on race, enter the contract to sign this exemple based on race, enter the contract to th	nis application and that it is, to the tition application, and that the organizational origin. Sometimes of the tition of the tition application or the tition application. Sometimes of the tition of tition of the tities of the tition of the tition of the tition of the tition of t	Scho best of my knowl inization owning the ecretary-Treat MENDATION	as indicated? XYES If No, give per 1edge and belief, true, complet the above-listed property does in the	NO centage of exempt use: 6 1e, and correct. I not discriminate 26,18
Under penalties of law, I declar also declare that I am duly auth in membership or employment APPROVAL	re that I have examined the contract to sign this exempt based on race, enter the comment of the	nis application and that it is, to the tition application, and that the organiational origin. Signature of County Trea	Scho best of my knowl inization owning the ecretary-Treat MENDATION	as indicated? XYES If No, give perecent of the above-listed property does the above-listed property does to be assurer Date	NO centage of exempt use:
Agricultural/Horticultural Sive detailed description of use, including an Transportation Under penalties of law, I declar also declare that I am duly auth in membership or employment Authorized Signature APPROVAL	re that I have examined the contract to sign this exempt based on race, enter the comment of the	nis application and that it is, to the tion application, and that the organizational origin. Signature of County Treasurer Signature of County Treasurer Stry BOARD OF EQUALIZATION COUNTY Treasurer	Scho best of my knowl inization owning the ecretary-Treat MENDATION	as indicated? XYES If No, give perecent of the above-listed property does the above-listed property does to be assurer Date	NO centage of exempt use: 6 1e, and correct. I not discriminate 26,18
Agricultural/Horticultural Agricultural/Horticultural Agricultural/Horticultural Index period of use, including an use of the including an use of law, I declar also declare that I am duly auth in membership or employment Authorized Signature APPROVAL DISAPPROVAL	re that I have examined it novized to sign this exemple based on race, color, or COMME	nis application and that it is, to the tion application, and that the organizational origin. Signature of County Treasurer Signature of County Treasurer Stry BOARD OF EQUALIZATION COUNTY Treasurer	Scho best of my knowl inization owning the ecretary-Treat MENDATION	as indicated? XYES If No, give perecent of the above-listed property does the above-listed property does to be assurer Date	NO centage of exempt use: 6 1e, and correct. I not discriminate 26,18

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189



PROPERTY ASSESSMENT	om Motor Vehicle Ta	ation for Exe xes by Qualifying N To be filed with your county Read instructions on reverse	lonprofit Organiza	tions	FORM 457
Applicant's Name					Type of Ownership
Epona Horse Rescue Street or Other Malling Address			County		Nonprofit Corporation
20100 SW 114th St				ancaster	1 _ '
City	State	Zip Code	,	e Incorporated	Other (specify)
Crete	Ne	68333	N	ebraska	-
IDENT	IFY OFFICERS, DIRECTO	RS, OR PARTNERS OF	THE NONPROFIT ORGA	NIZATION	
Title	Name, Address, City, State,				
Director/President		W 114th St Crete Ne 683			
Vice Presidet/Treasure		114th St Crete Ne 68333			
Secretary	Jodi Freeman 6640 Ada	ms Lincoln Ne 68507			
	1		**····································		
	DESCRI	PTION OF THE MOTOR V	/FHICLES		
		an additional sheet, if n			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Nu	mber	Registration Date of Date of Acquisition if Newly Purchased
FORD F250	2009	F250 TRUCK	1FTSX21Y59E	A28719	06/19
FITAN TRAILER 20'	2009	STOCK TRAILER	4TGG2020991	054069	06/19
xempt Uses of Motor Vehicle:				Asa tha mater in	ehicles used exclusively
	Educational	ous Charitable	Cemetery	as indicated?	BINICIES USED EXCIUSIVELY
	explanation if multiple use cla	ssifications exist:		YES	□NO
Sive detailed description of use, including an					
	transport of rescue h	orses and the hauling	g of hay and other		
These vehicles are used for the	transport of rescue h	orses and the haulin	g of hay and other	If No, give perce	entage of exempt use:
These vehicles are used for the	transport of rescue h	orses and the hauling	g of hay and other	If No, give perce	entage of exempt use:
These vehicles are used for the	transport of rescue h	orses and the hauling	g of nay and other		entage of exempt use:
Give detailed description of use, including an These vehicles are used for the needed supplies .	transport of rescue h	orses and the hauling	g or nay and otner		entage of exempt use:
These vehicles are used for the	transport of rescue h	orses and the haulin	g or nay and otner		entage of exempt use:
These vehicles are used for the needed supplies.	,			%	
These vehicles are used for the needed supplies. Under penalties of law, I declar also declare that I am duly auth	re that I have examined this ap portzed to sign this exemption a	oplication and that it is, to the i	best of my knowledge and b	% elief, true, complete	, and correct, I
These vehicles are used for the needed supplies. Under penalties of law, I decial	re that I have examined this ap portzed to sign this exemption a	oplication and that it is, to the i	best of my knowledge and b	% elief, true, complete	, and correct. I
Under penalties of law, I decide also declare that I am duly auth in membership or employment	re that I have examined this ap portzed to sign this exemption a	oplication and that it is, to the i	best of my knowledge and b	% elief, true, complete	, and correct, I
Under penalties of law, I declar also declare that I am duly auth in membership or employment	re that I have examined this ap portzed to sign this exemption a	oplication and that it is, to the lapplication, and that the organisal origin.	best of my knowledge and b	elief, true, complete led property does no	, and correct. I
Under penalties of law, I decide also declare that I am duly auth in membership or employment	re that I have examined this ap portzed to sign this exemption a	oplication and that it is, to the i	best of my knowledge and b	% elief, true, complete	, and correct, I

DISAPPROVAL

Commander

Signature of County Treasurer

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

COMMENTS:

Disapproval

Nebraska Department of Revenue 96-253-2006 Rev. 8-2011 Supersedes 96-253-2006 Rev. 5-2009 Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

Authorized Signature



Nebraska Department of REVENUE PROPERTY ASSESSMENT	Applic from Motor Vehicle T	cation for Exergiscon for Exercision for Exergiscon for Exercision	lonprofit Organ	izations	FORM 457
Applicant's Name		Tious motivations of forting			Type of Ownership
St Monica's Home					✓ Nonprofit
Street or Other Mailing Address			Count		Corporation
120 Wedgewood Drive	01-	7:- 0 - 1-	0	Lancaster	Other (specify):
city Lincoln	Sta N E	1800 Y 100 Y		Where Incorporated Nebraska	
IDE	NTIFY OFFICERS, DIRECT	TORS, OR PARTNERS OF	THE NONPROFIT O	DRGANIZATION	
Title	Name, Address, City, Stat	e, Zip Code			
Executive Director	Mary Barry-Magsamer	n, 120 Wedgewood Drive, L	incoln, NE 68510-24	131	
Board President	Bobby Truhe, 120 Wee	dgewood Drive, Lincoln, NE	68510-2431		
Director of Operations	Gail Javorsky, 120 We	edgewood Drive, Lincoln, NE	E 68510-2431		
Director of Finance	Tammy Hayes, 120 W	edgewood Drive, Lincoln, N	IE 68510-2431		
		RIPTION OF THE MOTOR V			
			T .		Registration Date or
Motor Vehicle Make	Model Year	Body Type	Vehicle	ID Number	Date of Acquisition, if Newly Purchased
Chevrolet	2012	Sport Van	1GAZGYF	A7C1193546	6/12/2018
xempt Uses of Motor Vehicle:				Are the motor as indicated?	vehicles used exclusively
om living locations to treatm	ioni, mooningo, and ap	pominonio		%	,
also declare that I am duly	eclare that I have examined this authorized to sign this exemption nent based on race, color, or national states of the second o	on application, and that the organitional origin.	nization owning the ab	ove-listed property does	e, and correct. I not discriminate
	FOR COU	INTY TREASURER RECOM	MMENDATION		
APPROVAL	COMMEN	NTS:			
DISAPPROVAL					
DIONI I HOVAL	,	Canda W Signature of County Trea	Mudith C	huf Deputy	6/26/m
	FOR COUN	TY BOARD OF EQUALIZAT	TION USE ONLY		
APPROVAL	COMMEN				
DISAPPROVAL		·			
		Authorized Signature			Date
		 Aumorized Signature 			Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189



REVENUE	from Motor Vehicle	lication for E e Taxes by Qualifyin • To be filled with your co • Read instructions on r	ig Nonprofit (organizatio	207	ғоям 457
Applicant's Name						Type of Ownership
AMERICAN RED CROSS Street or Other Mailing Address		•		Срипту		Nonprofit Compression
220 OAKCREEK DR				DOL	JGLAS	Other (specify):
lty LINÇOLN			Code 528	State Where In	ncorporated NE	
IDE	NTIFY OFFICERS, DIRE	ECTORS, OR PARTNERS	OFTHENONPR	OFIT ORGAN	IZATION	
hle	Name, Address, City, 5	State, Zip Code cGladrey LLP 570 Fallbro	ati Divid Ora 400 L	landa NE COE		
Chair Yol and Mission Chair		Red/Nationwide 3041 Villa				
O' DITO WILLIAM STATE			1		•	
		SCRIPTION OF THE MOT				
			T	Vehicle ID Numb		Registration Date of
Motor Vehicle Make	ModelYear	Body Type		venicie ili noma	POT	Date of Acquisition, if Newly Purchased
CHEV SUBURBAN	2002	SUBURBAN	161	NFK16Z62J22	1364	JULY NE 2072
						~
					printer.	
						nepicles nzeq exclusively.
ampt Uses of Motor Vehicle: Agricultural/Horticultural	Educational	Religious 🔀 Chart	able 🗌 Ce	emetery	as indicated?	
Agricultural/Horticultural ive detailed description of use; including	g.an poplanation if multiple u	nee classifications exist.	_	emetery	XS Indicated?	□ио
Agricultural/Horticultural jvo detalled description of use; including	g.an poplanation if multiple u	nee classifications exist.	_	emetery ·	⊠ YE8	entage of exempt use;
Agricultural/Horticultural ive detailed description of use; including hission related travel - service Under penalties of law, I do also declars that I am duly	g, an explanation if multiple uses to armed forces;	nae classifications exist disaster services, e this application and that it is, piton application, and that it is,	C.		I/ No, give pero	centage of exempt use;
Agricultural/Horticultural ive detailed description of use; including hission related travel - service Under penalties of faw, I do also declare that I am duly in resmbership or employer	g an explanation if multiple under the control of t	ise classifications exist. disaster services, existences, existen	C.	owłedge end belic g the above-listec	If No, give pero	centage of exempt use;
Agricultural/Horticultural ive detailed description of use; including ussion related travel - service Under penalties of faw, I do also declare that I am duly in resmbership or employer	g an explanation if multiple uses to armed forces; see that I have examined authorized to sign this exemnent based on rare, color, or	this application and that it is, pilon application. Bratist in the relational origin.	o the best of my kno organization owning	owledge and bell g the above-lister ninistrative (If No, give pero	entage of exempt use;
Agricultural/Hornicultural Live detailed description of use; including an ission related travel - service Under penaltiles of faw, I do also declare that I am duly in resembles of employer.	g an explanation if multiple upon the set of armed forces, explane that I have examined authorized to sign this exemple to be set of the set of	this application and that it is, piton application, and that it is reational origin.	o the best of my kno organization owning	owledge and bell g the above-lister ninistrative (If No, give pero	entage of exempt use;
Under penaltiles of faw, I de also declare that I am duly in remembership or employment Authorizea Elgnature	g an explanation if multiple upon the set of armed forces, explane that I have examined authorized to sign this exemple to be set of the set of	this application and that it is possible in national origin. Regional origin.	o the best of my kno organization owning	owledge and bell g the above-lister ninistrative (If No, give pero	entage of exempt use;
Agricultural/Horticultural ive detailed description of use; including hission related travel - service Under penaltiles of faw, I do also declare that I am duly in resmbership or employer Authorized Eignature	g an explanation if multiple upon the set of armed forces, explane that I have examined authorized to sign this exemple to be set of the set of	this application and that it is possible in national origin. Regional origin.	o the best of my kno organization owning onal Chief Adm	owledge and bell g the above-lister ninistrative (If No, give pero	entage of exempt use;
Agricultural/Horticultural ive detailed description of use; including hission related travel - service Under penalties of faw, I de also declare that I am duly in resmbership or employer Authorized signature	g an explanation if multiple uses to armed forces; eclare that I have examined authorized to eign this exemnent based on race, color, or FOR C	this application and that it is, piton application, and that it is relational origin. Regional OUNTY TREASURER REMARKS:	o the best of my kno organization owning onal Chief Adm	owledge and belleg the above-lister	If No, give pero	entage of exempt use;
Agricultural/Horticultural ive detailed description of use; including hission related travel - service Under penaltiles of faw, I do also declare that I am duly in resmbership or employer Authorized Eignature	g an explanation if multiple upon the set of armed forces, polare that I have examined authorized to sign this exempled to set on race, color, of the set	this application and that it is, piton application, and that it is relational origin. Regional origin. Regional origin. Regional origin.	o the best of my kno organization owning onal Chief Adm	owledge and belleg the above-lister	If No, give pero	entage of exempt use;
Agricultural/Hornicultural ive detailed description of use; including an ission related travel - service Under penaltiles of faw, I do also declare that I am duly in rembership or employed a company of the company	g an explanation if multiple upon the set of armed forces, polare that I have examined authorized to sign this exempled to set on race, color, of the set	this application and that it is application, and that it is application, and that it is restoral origin. Regio Titula OUNTY TREASURER RE MENTS: Signature of County UNTY BOARD OF EQUA	o the best of my kno organization owning onal Chief Adm	owledge and belleg the above-lister	If No, give pero	entage of exempt use;



Nebraska Department of REVENUE		lication for Ex le Taxes by Qualifying • To be filed with your cour • Read instructions on rev	Nonprofit O		FORM 457
Applicant's Name	()				Type of Ownership
	st the lazarene			0-1	Nonprofit
Street or Other Mailing Address	S L.	AT COM	~	County	Corporation
1901 S.70m St L	incoln	State Zip Co	de	State Where Incorporated	Other (specify):
City		Ciato Lip Co		olato morporatos	
IDE	NTIFY OFFICERS, DIF	ECTORS, OR PARTNERS O	FTHE NONPRO	FIT ORGANIZATION	
Title	Name, Address, City				
Pastor	Doug Attebe	rm 6950 Sout	n St. Un	WIN 1E GSSOL	
Director	Arlone Wil	nd 5512 Chan	nel ()ch	incoln 18 68576	
		ESCRIPTION OF THE MOTO Attach an additional sheet, it			
Motor Vehicle Make	Model Year	Body Type	Т.	hicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Ford	2017	Van-15 ansuncer	1FBZX 2	12M5HKB07442	6-14-18
10.0	701	()		(211.011.15	
	- "				
xempt Uses of Motor Vehicle:				Arn the motor	vehicles used exclusively
Give detailed description of use, including the William School of the Sc	g an explanation if multiple used to training	use classifications exist: n sport children m field trips		If No, give perc	NO sentage of exempt use:
also declare that I am duly		d this application and that it is, to temption application, and that the or or national origin.			
	FOR	COUNTY TREASURER REC	OMMENDATION		
☑ APPROVAL	СОМ	MENTS:			
,					
DISAPPROVAL		^			. 1
		Signature of County Tr	easurer easurer	Chief Deputy	6/26/17 Date
	FOR CO	OUNTY BOARD OF EQUALIZ	ATION USE ON	LY	
APPROVAL	СОМ	MENTS:			
DISAPPROVAL					
L DIONI I HOVAL					
		Authorized Olevet	***		Dot-
		Authorized Signature			Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189



Nebreska Department of	Appli from Motor Vehicle	cation for Exc Taxes by Qualifying !	emption Ionprofit Organizati	ons	FORM
PROPERTY ASSESSMENT		 To be filed with your count Read instructions on rever 	r treasurer. se side.		457
Applicant's Name	and and and Alabamatan				Type of Ownership
The American Legion, De	partment of Nebraska		County		Nonprofit Corporation
P.O. Box 5205, 5600 P St	reet		County	55	i — '
City		ate ZIp Cod	State Where	Incorporated	Other (specify):
Lincoln	N	E 68505-02	205 Ne	ebraska	
ID	ENTIFY OFFICERS, DIREC	TORS, OR PARTNERS OF	THE NONPROFIT ORGA	NIZATION	
Title	Name, Address, City, St	ate, Zip Code			
Department Adjutant	David W. Salak, P.O	. Box 5205, Lincoln, NE 685	05		
Department Assistant Adjutant	Brent Hagel-Pitt, P.C	. Box 5205, Lincoln, NE 685	05	·	
		CRIPTION OF THE MOTOR			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Nun	nber	Registration Date or Date of Acquisition, if Newly Purchased
Chrysler, Pacifica Touring	2017	Mini Van	2C4RC1DG2HR	515028	07/17/2017
Dodge, Caravan SXT	2014	Sport Van	2C4RDGCG8ER	453020	07/17/2017
xempt Uses of Motor Vehicle:			<u> </u>		ehicles used exclusively
Agricultural/Horticultural	☐ Educational ☐ R	eligious	Cemetery	as indicated?	
Sive detailed description of use, includ	ing an explanation if multiple us	e classifications exist:		⊠ YE\$	□ NO
Jsed for official travel by De					
obca for official travol by D.	sparation of moore and	- Ctarr		If No, give perc	entage of exempt use:
				%	
also declare that I am du	declare that I have examined th ily authorized to sign this exemp yment based on race, color, or i	is application and that it is, to th lion application, and that the org- national origin.	best of my knowledge and be inization owning the above-list	 elief, true, complete ed property does r	e, and correct. I not discriminate
cian 3	Hulf				
sign Anna	Ant		Assistant Adjutant		14/2018
nere Authorized Signature		Title		Date	
	FOR-CO	UNTY TREASURER RECO	MMENDATION		
APPROVAL	COMME	NTS:			
		^ 1			,
DISAPPROVAL	-	/ h Al	111/2	•	1-16-
		IM	1 / (100)		6-10
		Signature of County Tre	asurer		Date
	FOR COU	NTY BOARD OF EQUALIZA	TION USE ONLY		
APPROVAL	СОММ	ENTS:			
☐ DISAPPROVAL	-				-
		Authorized Signature			Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Nebraska Department of	Applica Motor Vehicle Tax	ation for Exe	emption	ons	FORM
REVENUE PROPERTY ASSESSMENT	*7	o be filed with your county Read instructions on revers	lonprofit Organization treasurer.		457
Applicant's Name	•	TODA MAN MANAGEMENT OF TAYON			Type of Ownership
The American Legion, Departr	ment of Nebraska	•••			✓ Nonprofit
Street or Other Mailing Address			County	EE	Corporation
P.O. Box 5205, 5600 P Street	01-1-	71. 0. 4.	Olata Whare I	55	Other (specify):
City Lincoln	State NE	Zip Code 68505-02	05 Ne	braska	Arterior against an against a company and a
IDENT	FY OFFICERS, DIRECTO	RS, OR PARTNERS OF	THE NONPROFIT ORGAN	IIZATION	
Title	Name, Address, City, State,		14. A. A. M.		
Department Adjutant	 	x 5205, Lincoln, NE 6850			
Department Assistant Adjutant	Brent Hagel-Pitt, P.O. B	ox 5205, Lincoln, NE 685			-
	DECCRI	PTION OF THE MOTOR \	VEHICLES		
		an additional sheet, if n			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Num	ber	Registration Date or Date of Acquisition, if Newly Purchased
Chrysler, Pacifica Touring	2017	Mini Van	2C4RC1DG2HR5	15028	07/17/2017
Dodge, Caravan SXT	2014	Sport Van	2C4RDGCG8ER4	53020	07/17/2017
Exempt Uses of Motor Vehicle:				Are the motor v	rehicles used exclusively
<u> </u>	ducational Religi	ous X Charitable	☐ Cemetery	as indicated?	
Give detailed description of use, including an	explanation if multiple use cla	esifications exist:		YES	□no
Used for official travel by Depar	tment Officers and st	aff		If No, give perc	entage of exempt use:
				%	. .
				1	
Under penaities of law, I decla also declare that I am duly aut in membership or employment	horized to sign this exemption	application, and that the orga	best of my knowledge and be nization owning the above-liste	lief, true, complet ed property does	e, and correct. I not discriminate
sign Bunda	1 PA			00	24.4/0040
	nt		Assistant Adjutant	U6/	14/2018
here Authorized Signature		Title		Date	
***************************************	FOR-COUN	TY TREASURER RECOI	MMENDATION	······	
APPROVAL	COMMENT	'S:			*
☐ DISAPPROVAL		A 4	111		
DISAPPROVAL		hoy	Stold.		6-18-1
		Signature of County Tree		*************************************	Date
	FOR COUNTY	BOARD OF EQUALIZA	HOW USE ONLY		
APPROVAL	COMMENT	'S:	1.		
☐ DISAPPROVAL	-			y 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20	
		Authorized Signature		way value and a second	Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189



Nebraska Department of REVENUE fro	Appl m Motor Vehicle	ication for Exe	emption onprofit Organizat	tions	FORM 457
PROPERTY ASSESSMENT		Read instructions on reverse	e side.		Type of Ownership
Applicant's Name Food Bank of Lincoln, Inc.					Nonprofit
Street or Other Mailing Address			County		Corporation
4840 Doris Bair Circle, Suite A			L	ancaster	Other (specify):
City		State Zip Code	State When	e Incorporated	
Lincoln		NE 68504		NE	
IDENTI	FY OFFICERS, DIRE	CTORS, OR PARTNERS OF 1	THE NONPROFIT ORGA	ANIZATION	
Title	Name, Address, City, S				
President	Dr. Marilyn Moore,				
Vice-President	Dave Wilcox, Retire		d Community		
Secretary		nildren's Center for the Child ar	na Community		
Treasurer	Ron Jester, Labenz	& Associates LLC			
		SCRIPTION OF THE MOTOR V			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Nu	ımber	Registration Date or Date of Acquisition, if Newly Purchased
Freightliner	2008	24' box with refer	1FVHCYBS78H		July 17/18
Sterling	2004	24' box with refer	2FZACFDDX4A		0/
Sterling	2009	24' box with refer	2FZACGBS79A		
Toyota	2012	Highlander Hybrid	JTEDC3EH0C2		06/06/2018
Freightliner Exempt Uses of Motor Vehicle:	2018	26' box with refer	1FVACWFB7Jh		vehicles used exclusively
A CONTRACTOR OF THE CONTRACTOR	ducational	Religious X Charitable	Cemetery	as indicated?	,
Pick up donations from donors a	and deliver them	to agencies and commur	nity in general.	If No, give perc	entage of exempt use:
Under penalties of law, I declar also declare that I am duly auth in membership or emptoyment sign Authorized Signature	orized to sign this exem		best of my knowledge and inization owning the above-lies above-lies are continued in the co	sted property does i	e, and correct. I not discriminate
1	FOR C	OUNTY TREASURER RECOM	MENDATION		
APPROVAL	COMM	MENTS:			
		O 1			
☐ DISAPPROVAL		Signature of County Trea	surer	\mathcal{L}	6-18-18 Date
	FOR COL	JNTY BOARD OF EQUALIZAT	TION USE ONLY		
APPROVAL		MENTS:			
DISAPPROVAL					
		Authorized Signature			Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189



Nebraska Department of REVENIIE from		ication for Exe	onprofit Organization	ons	FORM
PROPERTY ASSESSMENT		 To be filed with your county Read instructions on revers 	e side.		457
Applicant's Name					Type of Ownership
Food Bank of Lincoln, Inc. Street or Other Mailing Address			County		Nonprofit
4840 Doris Bair Circle, Suite A	i.		County	ncaster	Corporation
City		State Zip Code			Other (specify):
Lincoln		NE 68504		NE	
		CTORS, OR PARTNERS OF	THE NONPROFIT ORGAN	IZATION	
Title	Name, Address, City, S				
President	Dr. Marilyn Moore, I	· · · · · · · · · · · · · · · · · · ·			
Vice-President	Dave Wilcox, Retire				
Secretary		ildren's Center for the Child ar	nd Community		
Treasurer	Ron Jester, Labenz	& Associates LLC			
-				3	
		CRIPTION OF THE MOTOR \			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Numl	per	Registration Date or Date of Acquisition, if Newly Purchased
Freightliner	2014	26' box with refer	1FVHCYDT4EHFN	N8110	July 17/18
Lincoln Zephyr	2006	4 door sedan	3LNHM26106R62	7773	1
Freightliner	2009	22' box with refer	1FVACWDT19DAI	_7302	
Sterling Acterra	2009	22' box with refer	2FZACFDT39AAC	37066	1
Freightliner	2016	26' box with refer	1FVACWDT8GHH		
Exempt Uses of Motor Vehicle: Agricultural/Horticultural Exempt Uses of Motor Vehicle:	Educational F	Religious X Charitable	Cemetery	Are the motor ve as indicated?	hicles used exclusively
Give detailed description of use, including an Pick up donations from donors a			nity in general.	If No, give perce	□ NO ntage of exempt use:
also declare that I am duly auth in membership or employment	norized to sign this exemp		nization owning the above-listed	d property does no	t discriminate
sign			xecutive Director		12/18
here Authorized Signature		Title		Date	
	FOR CO	OUNTY TREASURER RECON	IMENDATION		
APPROVAL	сомм	ENTS:			
			. 1.		
DISAPPROVAL		Signature of County Treas	Surer Surer	•	6-18-18 Date
	FOR COU	NTY BOARD OF EQUALIZAT	TION USE ONLY		
APPROVAL	COMM	ENTS:			
□ DICADDDOVAL					
DISAPPROVAL					-
		Authorized Signature			Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189



Nebraska Department of REVENUE from	Applom Motor Vehicle	ication for Exe Taxes by Qualifying N	emption lonprofit Organization	ons	FORM 457
Applicant's Name		Read instructions on reverse	se side.		
Indian Hills Community Church	1				Type of Ownership
Street or Other Mailing Address			County		Nonprofit Corporation
1000 South 84th Street			Laı	ncaster	Other (specify):
City Lincoln		State Zip Code NE 68510	Ne	braska	
		CTORS, OR PARTNERS OF	THE NONPROFIT ORGAN	IIZATION	•
Title	Name, Address, City, S				
Senior Associate Pastor	Jeff Horn, 1000 South	84th Street, Lincoln, NE 68510			
				,	
		CRIPTION OF THE MOTOR V			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Num	ber	Registration Date or Date of Acquisition, if Newly Purchased
Ford	2009	15-Passenger Van	1FBSS31L09DA5	5863	A
Chevrolet	2008	15-Passenger Van	1GAGG25K38115	3146	LINE 8
Ford	2010	15-Passenger Van	1FBSS3BL2ADA1	2063	2001
9					
Exempt Uses of Motor Vehicle:				Are the meter ve	hicles used exclusively
Give detailed description of use, including an	explanation if multiple us	Religious Charitable se classifications exist:	Cemetery	as indicated?	□NO
- Picking up people for church on Sunday - Transporting groups to camps, retreats,	and other church ac			%	ntage of exempt use:
also declare that I am duly authorized signature Authorized signature	orized to sian this exemp		ior Associate Pastor	d property does no	and correct. I t discriminate
	FOR CO	OUNTY TREASURER RECOM	MENDATION		
APPROVAL	COMME	ENTS:			
		^			
DISAPPROVAL		Signature of County Treas	urer		6-11-18 Date
	FOR COU	NTY BOARD OF EQUALIZAT	ION USE ONLY		
APPROVAL	СОММЕ	ENTS:			
DISAPPROVAL					
		Authorized Signature			Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Date