



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 Fellowship Baptist Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 1515 West South St.		County Lancaster	
City Lincoln	State NE.	Zip Code 68522	State Where Incorporated NE.

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code			
Pastor Menu Goodrick	3403 SW 84th	Lincoln	NE.	68532
OFFICER Tim Beem	321 NW 13th	"	"	68528
OFFICER Jeff Gindner	2415 N. 56th	"	"	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
GMC	2010	YUKON	16KUKKEE/AR172223	7-18-18
Ford	2003	E 350	1FBS5J1583NB24175	7-18-18
Chrysler	2002 LXI	Town & Country	2CHGP54L02R791439	7-18-18

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:

Transportation and other related uses to youth camp for church members to come to church transportation to & from events sponsored by church

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 Pastor Menu Goodrick Pastor 7-5-18
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shibley **7-10-18**
 Signature of County Treasurer Date

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

**FORM
457**

• To be filed with your county treasurer.
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Applicant's Name Priestly Fraternity of St. Peter, d/b/a Our Lady of Guadalupe Seminary			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address Post Office Box 147		County Lancaster	
City Denton	State NE	Zip Code 68339	State Where Incorporated Connecticut

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Fr. John Berg, 450 Venard Road, S. Abington Twp., PA 18411
Vice-President	Fr. Josef Blisig, 7880 W. Denton Road, Denton, NE 68339
Secretary	Fr. Gerard Saguto, 450 Venard Road, S. Abington Twp., PA 18411
Treasurer	Fr. Simon Harkins, 450 Venard Road, S. Abington Twp., PA 18411

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	2018	passenger van	1FBZX2YG5GKA92807	8/26/2018

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 priests/seminarians to church/charitable work locations. Transport guests, priests and other religious persons to/from the Seminary.

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

Dennis H. ...
Authorized Signature

Business Manager

7/5/2018

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hlyj
Signature of County Treasurer

7-6-18
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

[Handwritten mark]



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 CrossBridge Christian Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 2800 CrossBridge Place		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
President & Director	John O'Keefe 4604 Madison Avenue, Lincoln, NE 68504
Secretary & Director	Steven D. Burns 1952 Independence Court, Lincoln, NE 68521
Treasurer & Director	Ken Fairchild 6218 S. 31st Street Lincoln, NE 68516
Director	Larry D. Schmeiding 8101 N. 1st Street, Lincoln, NE 68531

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	1999	Sport Van	1GNFG15R1X1117066	July 2017
H&H Trailer	2011	Trailer	533TC1627BC206357	July 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:

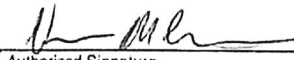
The vehicle is used to transport individuals to and from CrossBridge Christian Church and to and from church related activities. This vehicle is also used to transport volunteers on mission trips in response to disasters and to assist those in need.

The trailer is used to transport tools, supplies and materials in response to disaster relief missions throughout the region and country.

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

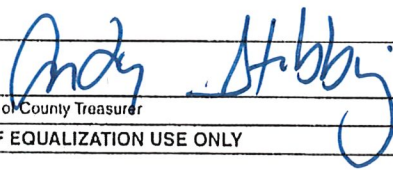
Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here  Administrator 7/5/2018
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

 _____ Date 7-6-18
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

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

**FORM
457**

Applicant's Name

Type of Ownership

Street or Other Mailing Address **Eastridge Presbyterian Church**

1135 Eastridge Drive

County

Lancaster

City

Lincoln, NE 68510

Zip Code

State Where Incorporated

NE

Nonprofit Corporation

Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Trustee chair	Larry Graham 1135 Eastridge Dr 68510
Treasurer	Bill Whiston
office manager	Donna Gustafson

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 van	1998	E350	1FB5531LYWAB 23005	July 2018

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:

trips to secure food for Food Pantry (from Lincoln Food Bank), mission trips, other related church activities

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

[Signature]

Title

office manager

Date

7/2/18

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

[Signature]

Date

7-6-18

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

[Handwritten mark]

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

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

Applicant's Name
Capital Humane Society

Type of Ownership

Street or Other Mailing Address
2320 Park Boulevard

County
Lancaster

Nonprofit Corporation

City
Lincoln

State
NE

Zip Code
68502

State Where Incorporated
Nebraska

Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Chair	Jason Otto, 1301 Twin Ridge Road, Lincoln, Ne. 68510
Vice Chair	Frank Savage, 9600 Del Rio Road, Lincoln, Ne. 68516
Secretary	Wendy Birdsall, 5330 Newcastle Road, Lincoln, Ne. 68516
President/CEO	Robert A. Downey, 500 Lakeshore Drive, Lincoln, Ne. 68528

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	2010	Pickup 2SK	1GCSKSE32AZ190396	July, 2017
Ford	2003	Van 3SD	1FTSE34L53HB05025	July, 2017
Chevrolet	2000	Van EX2	1GCGG25RY1146051	July, 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:
Transporting pets, errands, educational presentations, etc..

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

Robert A. Downey
Authorized Signature

President/CEO

June 27, 2018

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hildy
Signature of County Treasurer

7-6-18
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

**FORM
457**

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

Applicant's Name Angelic Temple Church of God in Christ			Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 300 North 33rd Street		County Lancaster	
City Lincoln	State NE	Zip Code 68503	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Myles W. Davis, Sr. (Pastor)	1305 North 25th Street Lincoln, NE 68503
Kenji R. Madison (Secretary)	5520 South 32nd Circle Lincoln, NE 68516
Mark Davis (Trustee)	2315 Wildwood Street Lincoln, NE 68510
Sandra Gause (Treasurer)	5340 North 18th Street Lincoln, NE 68521

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 - Econoline Wagon E350 SUP	2004	Passenger Van	1FBSS31L14HA47630	July 2018

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:

This vehicle is used for church functions, to transport members to and from to church functions.

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

TREASURER
Title

06/29/2018
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL


Signature of County Treasurer

7-6-18
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

