



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

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

Applicant's Name St. Thomas Aquinas Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 320 North 16th Street		County Lancaster	
City Lincoln	State NE	Zip Code 68508	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	James Conley, 3400 Sheridan Blvd, Lincoln, NE 68508
Vice-President	T. J. Thorburn, 3400 Sheridan Blvd, Lincoln, NE 68508
Secretary-Treasurer	Robert A. Matya, 320 North 16th Street, 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
Dodge Grand Caravan	2008	Van	2D8HN54P18R683225	8-1-18

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

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

religious purpose/church related business

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

Pastor, Secretary-Treasurer

Title

8/7/18
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

8/9/18
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.

Name of Organization Christ United Methodist Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Christ United Methodist Church		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 4530 A Street		Contact Name Joyce Rasmussen	Phone Number 402-489-9618
City Lincoln	State NE	Zip Code 68510	Email Address joyce.rasmussen@christumclinc.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Senior Pastor	Richard Randolph, 4530 A Street, Lincoln, NE 68510
Chair of Ad Council	Chris Sommerich, 4070 S 20th St, Lincoln, NE 68502
Chair of Trustees	Jerry Wray, 1656 Burr 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 Econoline Wagon E350	2010	15 Passenger	1FBSS3BL2ADA77382	08/29/2014

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

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

Used to transport daycare children to and from school and for field trips. Also used by church for mission work in Lincoln and for 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 exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here

Joyce Rasmussen
Authorized Signature

Business Administrator

08/02/2018

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Candace Meredith
Signature of County Treasurer

Date

8/9/18

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.

Name of Organization: Lincoln Christian School; Type of Ownership: Nonprofit Corporation; County Name: Lancaster; State Where Incorporated: NE; Street or Other Mailing Address: 5801 South 84th Street; Contact Name: Vikki Power; Phone Number: 402-488-8888 x221; City: Lincoln; State: NE; Zip Code: 68516; Email Address: vikki.power@lincolnchristian.org

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include President (Mark Canfield), Vice-President (Todd Hohlen), and Treasurer (Aaron Marshbanks).

Table with 5 columns: Motor Vehicle Make, Model Year, Body Type, Vehicle ID Number, Registration Date or Date of Acquisition, If Newly Purchased. Content: See Attached Sheet.

Exempt Uses of Motor Vehicle: Educational (checked); Are the motor vehicles used exclusively as indicated? YES (checked); Description of use: Transport of children for school and school activities.

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application. Signatures: Vikki Power, Title: Activities Department, Date: 8-7-18.

For County Treasurer Recommendation: Approval (checked); Signature of County Treasurer: Candace Meredith; Date: 8/9/18.

For County Board of Equalization Use Only: Approval (checked); Authorized Signature and Date fields.

Please retain a copy for your records.

Handwritten signature.

Motor Vehicle Make	Year	Body Type	Vehicle ID Number	Registration Date	Note
Ford	2006	Van	1FBNE31LO6DA61288	18-Aug	Van 1
Ford	2006	Van	1FBNE31LX6HA71898	18-Aug	Van 2
Ford	2014	Club Wagon Van	1FBNE3BL5EDA76625	18-Aug	Van 3
Ford	2007	Van	1FMNE11L67DB19532	18-Aug	Van 4
Thomas	1997	SAF Bus	1T7HT4B25V1154787	18-Aug	Bus 1
New Flyer	1999	Bus	5FYD2WT01XU019220	18-Aug	White Bus
Thomas Chassis F565	2003	Bus	4UZAAXAK23CK77970	18-Aug	Ash-Green Bus
GMC	2003	4-dr Extended cab Pickup	1GTGK29U13Z303329	18-Aug	Red Truck
Ford	2000	F15 Pickup	1FTZF1721YKA06523	18-Aug	White Truck

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

Name of Organization American National Red Cross		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property American National Red Cross		County Name	State Where Incorporated N/A
Street or Other Mailing Address 431 18th Street NW		Contact Name Eric Williams	Phone Number 571-581-3214
City Washington	State DC	Zip Code 20006	Email Address eric.williams@redcross.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President & CEO	Gail McGovern 431 18th Street NW, Washington DC, 20006
CFO	Brian Rhoa 431 18th Street NW, Washington DC, 20006
Director Fleet Management	Marvin McClain 1955 Monroe Dr. NE, Atlanta, GA 30324

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	2011	F450	1FDXE45P39DA80327	11/08/2011

Exempt Uses of Motor Vehicle:


Agricultural and Horticultural Society 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:
DISASTER RELIEF NATIONAL & LOCAL FOR FEEDING, BULK, AND CANTEN. FOR 1ST RESPONDERS

If No, give percentage of exempt use:
_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  Eric Williams Senior Associate, Fleet Manager 7/24/2018
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____
 Disapproval _____

 Candace Meredith 8/9/18
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

FORM
457

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

Name of Organization Christ Lutheran Church, Lincoln, NE		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Same		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 4325 Sumner St		Contact Name Kent Weishahn	Phone Number 402-432-5271
City Lincoln	State NE	Zip Code 68506	Email Address kweishahn@christlincoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Chair, Lay Leadership Board	Torin Berge 7724 S 81st St Lincoln NE 68516
Vice Chair	Kyle Kaldahl 485 Adams St Bennett NE 68317
Secretary	Valerie Dorfmeier 5830 Cavvy Rd Lincoln NE 68516

Description of the Motor Vehicles • Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Ford	2006	E350 Econoline Wagon	1FBSS31L36DA87606	August 2017
Ford	2010	E350 Super Duty 1 Ton Bus	1FDEE3FS4ADA90101	August 2017
Bravo	2017	Cargo Trailer	542BB1229HB017892	August 2017

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society Educational Religious Charitable Cemetery

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

Vehicles - transport of Christ Schools and Christ Lutheran Church students, employees, worshipers, and church groups.
Trailer - transport of tools and equipment for the Lutheran Emergency Response Team, providing help in time of disasters--fires, floods, tornadoes, 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 exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign
here ▶

Kent D. Weishahn
Authorized Signature

Director of Operations

07/31/2018

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Condoe Meredith
Signature of County Treasurer

8/9/18
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 The American Legion, Department of Nebraska			
Street or Other Mailing Address P.O. Box 5205, 5600 P Street		County 55	
City Lincoln	State NE	Zip Code 68505-0205	State Where Incorporated Nebraska

Type of Ownership

Nonprofit Corporation

Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
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 Li Plus	2018	Mini Van	2C4RC1FG2JR309579	07/27/2018

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

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

Used for official travel by Department Officers and staff

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 _____ Assistant Adjutant 06/14/2018
 Authorized Signature Title Date

FOR-COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

 Signature of County Treasurer Date 8/3/18

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

 Authorized Signature Date

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

Name of Organization: Immanuel (IRC II, Inc.)
Type of Ownership: Nonprofit Corporation
Name of Owner of Property: IRC II, Inc.
County Name: Lancaster
State Where Incorporated: Nebraska
Street or Other Mailing Address: 1044 North 115th Street
Contact Name: Scott Bear
Phone Number: (402) 829-2900
City: Omaha
State: NE
Zip Code: 68154
Email Address: sbear@immanuel.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include President (Eric N. Gurley), Secretary (George A. Grieb), Chair (David A. Jacox), and Vice Chair (Bruce A. Plath).

Description of the Motor Vehicles

Attach an additional sheet, if necessary.

Table with 5 columns: Motor Vehicle Make, Model Year, Body Type, Vehicle ID Number, Registration Date or Date of Acquisition, if Newly Purchased. Row 1: Ford, 2018, EIDorado Aerotech Bus, 1FDEE3FS5JDC29734, New 07/20/2018.

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society, 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:

Immanuel sponsors healthcare and senior services in Omaha, Lincoln, and surrounding areas. Immanuel provides facilities and programs designed to promote healthy aging of the mind, body, and spirit. Vehicles are used exclusively for transporting residents to appointments and activities.

If No, give percentage of exempt use:

%

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here

Authorized Signature

[Handwritten Signature]

Title

CFO

Date

07/20/2018

For County Treasurer Recommendation

Approval

Comments:

Disapproval

Signature of County Treasurer

[Handwritten Signature: Candace Meredith, Chief Deputy]

Date

8/3/18

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

[Handwritten mark/signature]

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations
 • To be filled with your county treasurer.
 • Read instructions on reverse side.

Name of Organization Community Action Partnership of Lancaster and Saunders Co		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 210 O Street		Contact Name Kelly Elder	Phone Number 402-875-9397
City Lincoln	State NE	Zip Code 68508	Email Address purchasing@communityactionatwork.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President	Gail Steen, 210 O Street, Lincoln NE 68508
Vice President	DeLynn Hay, 210 O Street, Lincoln NE 68508
Treasurer	Lorene Bartos, 210 O Street, Lincoln NE 68508
Secretary	Debbie Mumm, 210 O Street, 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
See Attached				

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:
 Vehicles are used for transporting supplies and personnel for the purpose of carrying out federal grant projects.

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 exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here *[Signature]* CEO 8/1/18
 Authorized Signature Title Date

For County Treasurer Recommendation	
<input checked="" type="checkbox"/> Approval	Comments: _____
<input type="checkbox"/> Disapproval	_____
<u><i>Candace Meredith, Chief Deputy</i></u> <u>8/3/18</u> 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.

[Handwritten mark]

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Acquisition Date
Ford	2011	F150	1FTEX1EM0BFA79690	August
Nissan	2012	Sentra	3N1AB6AP3CL622342	August
Isuzu	2004	NPR	JALB4B14547004163	August
Nissan	2012	Sentra	3N1AB6AP4CL616503	August
Dodge	2009	Grand Caravan	2D8HN541X9R591611	August
Dodge	2009	Grand Caravan	2D8HN54189R591610	August
Dodge	2003	Caravan SE	1D4GP25B33B115462	August
Dodge	2009	Grand Caravan	2D8HN54119R591609	August
Dodge	2009	Grand Caravan	2D8HN54119R591612	August
Dodge	2009	Grand Caravan	2D8HN54109R591603	August
Honda	2015	Odyssey LX	5FNRL5H26FB029711	August
Chevrolet	2016	Traverse LS	1GNKRFED1GJ168982	August
Dodge	2010	Grand Caravan	2D4RN5D16AR411972	August
Nissan	2016	S	5BZBF0AA8GN852141	August
Chevrolet	2011	Silverado K3500	1GCHK73K49F140078	August
Ford	2002	F150	2FTRX17252CA14942	August
Carry On Trailer	2007	7x12WG	4YMUL12177MO46185	August

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

Name of Organization Nebraska Safety Council Inc.		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property 3243 Cornhusker Hwy, Ste A10		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address Lincoln		Contact Name Kyle Schachenmeyer	Phone Number 402-483-2811 (107)
City Lincoln	State NE	Zip Code 68504	Email Address Kschachenmeyer@nesafetycouncil.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Executive Director	Laurie Klosterboer - 3243 Cornhusker Hwy, Ste A10 Lincoln, NE 68504
Director of Finance/IT	Kyle Schachenmeyer - 3243 Cornhusker Hwy, Ste A10 Lincoln, NE 68504

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
Honda Accord	2013	Sedan	1HGCR2F59DA237699	7/12/18

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society 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:
Drivers education training classes

If No, give percentage of exempt use:
 _____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here **Kyle Schachenmeyer** **Director of Finance/IT** **7/12/18**
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____
 Disapproval

Andy Stibj **7-26-18**
 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.

AK



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
North American Martyrs Church/School

Street or Other Mailing Address
1101 Isaac Drive

City
Lincoln

State
NE

Zip Code
68521

County
Lancaster

State Where Incorporated
Nebraska

Type of Ownership

Nonprofit Corporation

Other (specify):

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Mos Rev James Conley, 3400 Sheridan Blvd, Lincoln NE 68501
Secretary	Msgr. Timothy Thorburn, 3400 Sheridan Blvd, Lincoln NE 68501
Secretary	Father Brian Connor, 1101 Isaac Drive, 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
Toyota Camry	2008	4 dr Sedan LE AT	4T1BE46K48U739463	06/25/18

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

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

Roman Catholic Sisters use the car for transportation to and from school and school 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 *Connie Stephens* Finance Manager 6/25/18
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

Andy Shley Signature of County Treasurer 7-26-18 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

FORM
457

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

Name of Organization Priestly Fraternity of St. Peter, dba Our Lady of Guadalupe S⁺		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Priestly Fraternity of St. Peter		County Name Lancaster	State Where Incorporated Connecticut
Street or Other Mailing Address Post Office Box 147		Contact Name Dennis Kilcoyne	Phone Number 402-797-7700
City Denton	State NE	Zip Code 68339	Email Address business@fsspolgs.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Chairman	Fr. Michael Stinson, 450 Venard Road, S. Abington Twp., PA 18411
Vice-Chairman	Fr. Kenneth Webb, 450 Venard Road, S. Abington Twp., PA 18411
Secretary	Fr. James Fryar, 645 W. 9th Street, #110-419, Los Angeles, CA 90015
Treasurer	Fr. Simon Harkins, 1703 Jackson Street, Scranton, PA 18504

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	2016	passenger van	1FBZX2YG7GKA92825	7/25/2018

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society 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 exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign
here

Dennis Kilcoyne
Authorized Signature

Business Manager

7/27/2018

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Condoe Meredith, Chief Deputy
Signature of County Treasurer

8/3/18
Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.