Nebraska Department of REVENUE PROPERTY ASSESSMENT	App from Motor Vehic	lication for Exe le Taxes by Qualifying N • To be filed with your county • Read Instructions on revers	onprofit Organ	nizatio	าร	FORM <b>457</b>
Applicant's Name						Type of Ownership
St. Thomas Aquinas Chu	ırch					Nonprofit
Street or Other Mailing Address			Cour	nty		Corporation
320 North 16th Street	The state of the s			Land	caster	Other (specify):
City		State Zip Code	State	Where Inc	corporated	- Carion (opposity).
Lincoln		NE 68508			raska	
	IDENTIFY OFFICERS, DIR	ECTORS, OR PARTNERS OF	THE NONPROFIT	ORGANI	ZATION	
Title	Name, Address, City,	State, Zip Code				
President	James Conley, 34	00 Sheridan Blvd, Lincoln, NE 6	8508			
Vice-President	T. J. Thorburn, 34	00 Sheridan Blvd, Lincoln, NE 6	8508			
Secretary-Treasurer	Robert A. Matya,	320 North 16th Street, Lincoln, N	NE 68508			
	1					,
		SCRIPTION OF THE MOTOR V				,
Motor Vehicle Make	Model Year	Body Type		ID Numbe	er	Registration Date or Date of Acquisition, if Newly Purchased
Dodge Grand Caravan	2008	Van	2D8HN54	P18R683	225	<b>8-1-19</b>
						Q 1 19
						.,
					*****	
						The testing of the second of t
Exempt Uses of Motor Vehicle: Agricultural/Horticultural	Educational	Religious Charitable	Cemetery	- 1	Are the motor v as indicated?	ehicles used exclusively
Give detailed description of use, inclu		use classifications exist:			YES	Пио
religious purpose/church re	elated bu <b>siness</b>				If No. aivo pora	ontone of august
						entage of exempt use:
		×		-	%	
Under papalties of law	I doologo that I have a very last					
aiso deciale mai i am d	uly authorized to sign this exem	this application and that it is, to the baption application, and that the organ	est of my knowledge ization owning the ab	and belief,	true, complete	, and correct. I
in membership or emp	ovment based on race, color, o	r national origin.		oro natou p	noporty adds in	ot distribilitate
1	to tow	1			,	,
sign had	A 0/6.1	Pastor	Secretary-Tre	acurar	8/7	110
here Authorized Signature	4	Title	, oddrolary 110	asarci	Date	110
	EODO		MENDATION			
	FORC	OUNTY TREASURER RECOM	WENDATION			
APPROVAL	COMN	MENTS:				-
DISAPPROVAL						

Signature of County Treasurer

8/9// Y

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS:

Authorized Signature

Date

DISAPPROVAL



ya F		.,ε		٠	H1.4.4017F1		
NEBRASKA Good Life, Great Service.	App	lication fo	r Exe	empti	on		FORM
DEPARTMENT OF REVENUE	om Motor Vehicl	• To be filed with y	our county	treasurer.	Corganizatio	nio -	457
Name of Organization		<ul> <li>Read instruction</li> </ul>	Type of O	se side.			701
Christ United Methodist Church	า		7	nprofit Corpo	oration Cothe	r (specify):	•
Name of Owner of Property			County Na			State Where I	noornaratad
Christ United Methodist Church	า		County 14	Lanca	etar	State writere	Nebraska
Street or Other Mailing Address			Contact N		10101	<del></del>	
4530 A Street			Contact N		smussen	Phone Numb	
City	State	Zip Code	Email Add		Siliussell	4	02-489-9618
Lincoln	NE	68510	Email Add		oo raamuaaa	- Och right	aliaa auu
					ce.rasmussei		icline.org
Title	Hentify Officers, D		ers of th	e wonpro	otit Organizati	on	·
Senior Pastor	Name, Address, City, S		In AIT on	E40			· · · · · · · · · · · · · · · · · · ·
Chair of Ad Council		4530 A Street, Linco					<del></del>
Chair of Trustees		1070 S 20th St, Linco		502	<del></del>		
Ondi of Husices	Jeny Way, 1000 B	urr St, Lincoln, NE 6	8502		· · · · · · · · · · · · · · · · · · ·		
	L:						
	•At	escription of the tach an additional s	Motor Vesheet, if n	ehicles ecessary.			
Motor Vehicle Make	Model Year	Body Type			Vehicle ID Numb	per	Registration Date or Date of Acquisition, if Newly Purchased
Ford Econoline Wagon E350	2010	15 Passenge	er	11	BSS3BL2ADA7	7382	08/29/2014
,							
		, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Exempt Uses of Motor Vehicle:		<del></del>		· · · · · · · · · · · · · · · · · · ·			vehicles used exclusively
Agricultural and Horticultural Society	<b>X</b> Educational		C	naritable	Cemetery	as indicated?	•
Give detailed description of use, including an	explanation if multiple u	se classifications exist:				YES	□NO
Used to transport daycare childrefor mission work in Lincoln and f	en to and from so or field trips.	chool and for fiel	d trips.	Also use	d by church	If No, give perc	entage of exempt use:
	•					%	<b>5</b>
Under penalties of law, I dec	lare that I have examine	d this exemption applica	ation and, to	the best of	my knowledge and	helief, it is correc	et and complete
sign   lalso declare that I am duly au	horized to sign this exe	mption application.	,		,	,	·
	Amusise	$\sim$	Bus	siness A	dministrator	08	/02/2018
here Authorized Signature		Ti	tle		<del></del>	Date	
	Fo	r County Treasurer	Recomm	endation		<del></del>	<del></del>
Leader the second secon			.1000111111				
Approval	Comm	ents:	·····				
☐ Disapproval	***************************************						

Nebraska Department of Revenue 96-253-2006 Rev. 7-2018 Supersedes 96-253-2006 Rev. 8-2011

☐ Approval

Disapproval

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

Date

Authorized Signature

Signature of County Treasurer

For County Board of Equalization Use Only

Comments:

						· · · · · · · · · · · · · · · · · · ·
NEBRASKA	Appl	lication fo	or Exe	emption		FORM
Good Life, Great Service.	om woter venice	e laxes by Qua • To be filed with	alitying N your county	lonprofit Organization	ons	457
Name of Organization		• Read Instruction	Type of O			701
Lincoln Christian S	chool		<b>⊠</b> N₀	nprofit Corporation Othe	er (specify):	
Name of Owner of Property			County Na	ncaster	State Where I	ncorporated
Street or Other Mailing Address 5801 South 844	Street		Contact N	Power	Phone Number 402 - 48	88-8888 ×22
Lincoln	NE State	Zlp Code	Email Add			
		108516	VIKK	. Power@lincolna e Nonprofit Organizati	nristian	.org
Title	Name, Address, City, S		ileis of th	e Nonpront Organizati	on	
President			nas Cou	rt Lincoln, NE	68526	
Vice-President	Lodd Hobie	n - 4055 Ti	irnber	ru Circle Lincoln	NE 685	526
Treasurer	Aaron Marsh	panks - 1545	Sunb	urst lane Linco		8506
	D •At	escription of the	Motor V	ehicles ecessary.		
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Num	ber	Registration Date or Date of Acquisition, If Newly Purchased
See Attached Sheet						ii iioniy i dionased
		***				
Exempt Uses of Motor Vehicle: Agricultural and Horticultural Society	Educational	Religious	□ cr	aritable Cemetery	Are the motor vas Indicated?	vehicles used exclusively
Give detailed description of use, including an	explanation if multiple us	se classifications exist	:		YYES	Пио
Transport of Childr	44			hi) silling	1	
Tromsport of Comar	GA 101 5010	or ourse scal	ooi uc	rivines	If No, give perc	entage of exempt use:
					%	
Under penalties of law, Ldeo	clare that have examine	d this exemption applic	cation and, to	the best of my knowledge and	L belief, It is correc	t and complete.
sign sign			A .	,		~
here Authorized Signature	Fower		<u> Ctivii</u>	ies Department	8-	7-18
The state of the s	P			· · · · · · · · · · · · · · · · · · ·	Date	
	FOI	County Treasurer	Recomm	endation		
Approval	Comm	ents:	<del></del>			
☐ Disapproval						
		Signature of	Oloca County Trees	Meredia		8/9/18 Date
	For C	ounty Board of E	qualization	Use Only		Date
		, - Jan VI E	-,			

Nebraska Department of Revenue 96-253-2006 Rev. 7-2018 Supersedes 96-253-2006 Rev. 8-2011

☐ Approval

Disapproval

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

Comments: \_\_\_



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

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# NEBRASKA Good Life. Great Service.

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

	• To be filed with y	our county treasurer.			457
	• Read Instruction				
•			Other	(specify):	
•				l ciaio iiii	N/A
		Contact Name		Phone Number	
		Eric William	\$	The first contract of the second district	1-581-3214
	•			@==d====	
					org —————
		iers of the Nonprofit O	rganizatio	n	
TVICTORIANT 1000	WIOTHOU DI. NE, Adam	10, 07 00024			
Model Year	Body Type	T	cle ID Numbe	er	Registration Date or Date of Acquisition,
2011		4FDVF	4ED20DA22	107	if Newly Purchased
2011	F450	IFDXE	45P39DA803	521	11/08/2011
			7/	Are the motor vel	nicles used exclusively
Educational	Religious	Charitable 0	Cemetery 8		
explanation if multiple use	e classifications exist:	0		X YES	∐NO
& NATIC	onal q	Local for	e		tage of exempt use:
IK, And	1 Can	teen. for	e  -	%	
25		,			
clare that I have everning	this evernation applica	ation and to the heet of my know	yledge and he	lief it is correct o	nd complete
		allon and, to the best of my know	wedge and be	nei, it is correct a	na complete.
	S	Senior Associate, Flee	t Manage	mm 7/24	1/2018
				Date	
For	County Treasurer	Recommendation			
	,				
Comme	nts:				
Comme					
	Λ	. 01			~ / /
	Signature of C		<b></b>		8/9/18 Date
For Co					Date
10100	any board of Eq.	addition Ode Offic			
Commo	nte				
Comme	nts:				
		***			
	Authorized Sig				- Date
	State DC  dentify Officers, Di  Name, Address, City, Si Gail McGovern 431 Brian Rhoa 431 18t Marvin McClain 1955  De  Att:  Model Year  2011  Educational  explanation if multiple use  A  Clare that I have examined thorized to sign this exem	State Zip Code DC 20006  dentify Officers, Directors, or Partra Name, Address, City, State, Zip Code Gail McGovern 431 18th Street NW, Wash Marvin McClain 1955 Monroe Dr. NE, Atlan  Description of the • Attach an additional state of the st	County Name  Contact Name Eric William  State DC 20006  Gentify Officers, Directors, or Partners of the Nonprofit O  Name, Address, City, State, Zip Code  Gail McGovern 431 18th Street NW, Washington DC, 20006  Brian Rhoa 431 18th Street NW, Washington DC, 20006  Marvin McClain 1955 Monroe Dr. NE, Atlanta, GA 30324  Description of the Motor Vehicles Attach an additional sheet, if necessary.  Model Year Body Type Vehic  2011 F450  TFDXE  Washington DC, 20006  Attach an additional sheet, if necessary.  Model Year Body Type Vehic  Charitable  Comments:  Senior Associate, Flee Title  For County Treasurer Recommendation  Comments:  For County Board of Equalization Use Only	Read instructions on reverse side.     Type of Ownership	*Read instructions on reverse side.    Type of Ownership   Nonprofit Corporation   Other (specify):

### NEBRASKA Good Life. Great Service.

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

DEPARTMENT OF REVENUE		• Read instruction	s on revers	rreasurer. se side.		45/
Name of Organization			Type of O			
Christ Lutheran Church, Lir	ncoln, NE		X No	nprofit Corporation Othe	er (specify):	
Name of Owner of Property			County Na	ame	State Where	Incorporated
Same				Lancaster		Nebraska
Street or Other Mailing Address 4325 Sumner St			Contact N	<sub>ame</sub> Kent Weishahn	Phone Numb	er -02-432-5271
City	State	Zip Code	Email Add			
Lincoln	NE	68506		kweishahn@		n.org
			ers of th	e Nonprofit Organizati	on	
Title	Name, Address, City,					
Chair, Lay Leadership Board		S 81st St Lincoln NI				
Vice Chair		Adams St Bennett N				
Secretary	Valerie Dorfmeyer	5830 Cavvy Rd Lin	coln NE 6	8516		
1		Description of the				
Motor Vehicle Make	Model Year	Body Type	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vehicle ID Numl	ber	Registration Date or Date of Acquisition, if Newly Purchased
Ford	2006	E350 Econoline \	Nagon	1FBSS31L36DA8	7606	August 2017
Ford	2010	E350 Super Duty 1		1FDEE3FS4ADA9		August 2017
Bravo	2017	Cargo Traile	er	542BB1229HB01	7892	August 2017
xempt Uses of Motor Vehicle:					Are the motor v	vehicles used exclusively
<ul> <li>Laiso declare that Lam dul</li> </ul>	d equipment for the stersfires, floods, to	ornadoes, etc.		sponse Team, the best of my knowledge and	%	
sign /w//	Mughan	77		ector of Operations	07.	/31/2018
here Authorized Signature		Tit	le		Date	× ×
	Fo	r County Treasurer	Recomme	endation		
Approval	Comm	nents:				
☐ Disapproval						
		Signature of C	oc 1	Meredith		8/9//X Date
	For	County Board of Eq	ualization	Use Only		
☐ Approval	Comm	nents:				
☐ Disapproval						
		Authorized Sig	inaturo			Date
		<ul> <li>Authorized Sig</li> </ul>	nature			Date

PROPERTY ASSESSMENT	om Motor Vehicle T	cation for Exe axes by Qualifying I To be filed with your count Read instructions on rever	Nonprofit Organizat v treasurer.	ions	FORM <b>457</b>
Applicant's Name The American Legion, Departi	ment of Nebraska				Type of Ownership
Street or Other Mailing Address	TICHT OF TEDIASKA		County		Nonprofit Corporation
P.O. Box 5205, 5600 P Street				55	Other (specify):
City	Stat	A		e Incorporated	
Lincoln	NE			lebraska	
		ORS, OR PARTNERS OF	THE NONPROFIT ORGA	ANIZATION	
Title  Department Adjutant	Name, Address, City, State	3, 219 Code 30x 5205, Lincoln, NE 685	<u></u>		
Department Assistant Adjutant		Box 5205, Lincoln, NE 685		-	
		RIPTION OF THE MOTOR th an additional sheet, if			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Nu	ımber	Registration Date or Date of Acquisition, if Newly Purchased
Chrysler, Pacifica Touring Li Plus	2018	Mini Van	2C4RC1FG2JF	309579	07/27/2018
					<u> </u>
			-		
***			<del> </del>		·
Exempt Uses of Motor Vehicle:  Agricultural/Horticultural  Give detailed description of use, including ar  Used for official travel by Depar	explanation if multiple use o		e Cernetery	as indicated?	wehicles used exclusively  NO centage of exempt use:
Under penalties of law, I decla	re that I have examined this	application and that it is, to th	e best of my knowledge and	belief, true, comple	te, and correct. I
also declare that I am duly aut in membership or employments and the sign Authorized Signature	horized to sign this exemption to based on race color, or na	tional origin.	Assistant Adjutant		/14/2018
	EOD COL	NTY TREASURER RECO	NUMENIDATION		
APPROVAL	COMMEN		MMENDATION		
		Signature of County Tre		4 Chuft	Deputy 8/3/1

Nebraska Department of Revenue 96-253-2006 Rev. 8-2011 Supersedes 96-253-2006 Rev. 5-2009

APPROVAL

□ DISAPPROVAL

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

Date

Authorized Signature

COMMENTS: \_

NEBRA	SKA

## Application for Exemption

DEPARTMENT OF REVENUE	fre	om Motor Vehicle	<ul> <li>Taxes by Qual</li> <li>To be filed with y</li> <li>Read instruction</li> </ul>	our county	lonprofit Organizatio treasurer. le side.	ons	457
Name of Organization				Type of O			
Immanuel (IRC II	, Inc.)			X Nor	nprofit Corporation Othe	r (specify):	
Name of Owner of Propert	у			County Na	ame	State Where	Incorporated
IRC II, Inc.					Lancaster		Nebraska
Street or Other Mailing Add	dress			Contact N	ame	Phone Numb	er
1044 North 115th	Street				Scott Bear	(4	102) 829-2900
City		State	Zip Code	Email Add	ress	,	
Omaha		NE	68154		sbear@ir	nmanuel.co	om
	1	dentify Officers, D	irectors, or Partn	ers of th	e Nonprofit Organizati		
Title		Name, Address, City, S			o itonpront organizati	011	
President			4 N. 115th Street, S	uite 500 C	)maha NF 68154		
Secretary					Omaha NE 68154		
Chair			44 N. 115th Street, S				
Vice Chair			14 N. 115th Street, S		Omaha, NE 68154		
		12140071111411 101		unc ooo	Omana, NE 00134		
	•	D •At	escription of the	Motor Ve	ehicles ecessary.		
Motor Vehicle	Make	Model Year	Body Type		Vehicle ID Numb	per	Registration Date o Date of Acquisition if Newly Purchased
Ford		2018	ElDorado Aeroteo	ch Bus	1FDEE3FS5JDC2	9734	New 07/20/2018
				-			
	el North						
xempt Uses of Motor Vehic Agricultural and Hor		Educational	Religious	<b>S</b>	aritable Cemetery	Are the motor as indicated?	vehicles used exclusively
Give detailed description of mmanuel sponsors reas. Immanuel p nind, body, and spi	s healthcare a rovides facilit irit. Vehicles	and senior service ties and programs	es in Omaha, Lir s designed to pro	omote he	ealthy aging of the	If No, give perc	NO centage of exempt use:
ppointments and a	enalties of law, I de	clare that I have examine thorized to sign this exer	d this exemption applica	ation and, to	the best of my knowledge and	belief, it is correc	ot and complete.
		By-			CFO	07	//20/2018
nere Authorized	Signature	-	Tit	le		Date	
		Fo	r County Treasurer	Recomme	endation		
Approval		Comm	ents:				
		30					
☐ Disapproval							
			Signature of C	ou M	fredith Chi	L Depu	$\frac{\xi}{\Delta}$ Date
		For (	County Board of Eq			0 /	Date
☐ Approval		Comm	ents:				
☐ Disapproval			9				
						· · · · · · · · · · · · · · · · · · ·	
			Authorized Sig	nature			Date

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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É	ą.	•	)	//

occo Life, Great Service,			• To be filed with y	our county treasurer. s on reverse side.	,		457
DEPARTMENT OF REVENUE			Read Instruction	s on reverse side. Type of Ownership			
Community Action	Partnerchin	of Lancaetor and	Saundere Co	Nonprofit Corporation	Other	(specify):	
ame of Owner of Propert		UI LAHUASIUI AHU	Gauriuers COI				annovated .
				County Name Lancaster		State Where In	NE NE
lreet or Other Mailing Add 210 O Street	dress	,		Contact Name Kelly Elder	0.0	Phone Number	)2-875-9397
ity	•	State	Zlp Code	Emall Address		·	
incoln		NE	68508			unityaction	atwork.org
	IC		•	ers of the Nonprofit O	rganizatio	n	
le		Name, Address, City, S					
resident		Gail Steen, 210 O S					
ice President		DeLynn Hay, 210 O					
reasurer		Lorene Bartos, 210					
ecretary		Debbie Mumm, 210	O Street. Lincoln N	E 68508			
			escription of the	Motor Vehicles sheet, if necessary.			
Motor Vehicle	Make	Model Year	Body Type		ele ID Numb	er	Registration Date or Date of Acquisition,
ee Attached							If Newly Purchased
v Ullanied							
empt Uses of Motor Vehic	No.					Ara the meter	hiolog good avaluable
Agricultural and Hor		Educational	Religious	Charitable 0		as indicated?	hicles used exclusively
deral grant projec						%	nlage of exempt use:
Under per l elso declar	enalties of lay/I dec e that I am duly aut	clare that I have examined thorized to sign this exem	d this exemption applicantion applicantion application.	ation and, to the best of my know	wledge and b	elief, it is correct	and complete.
nere Authorized	Signature		Ti	ile		Date	//
		For	r County Treasurer	Perommendation		······································	
······································	~		County Heasurer	Accommendation			
Approval		Comm	ents:		,		
Disapproval			A .				
			Signature of C	County Treasurer	h, Cl	W Pepe	$\frac{1}{2}$ Date
		For (	County Board of Ec	qualization Use Only			
Approval		Comm	ents:				
Disapproval							
			Authorized Si	gnature			Date
				9			

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.

| Type of Ownership

**FORM** 

Good	Life.	Great	Service

DEPARTMENT OF REVENUE

45
40

Name of Organization			Type of Own				
Nebraska Safety	Council ]	inc,			r (specify):		
Nebraska Safety Name of Owner of Property 3243 Cornhusker	11	4.	County Nam		State Where I		
3243 Cornhusker	Hwy, Ste	Alo	Lance	aster Schachenmeyer ss	NE		
Street or Other Mailing Address	-		Contact Nam	ne - b	Phone Number	er 1002 1 <b>9</b> 0	(1-1-
Lincoln	NE	68504	Kyle:	schachenneyer	402-	463-2311	(10)
City	State	Zip Code	Email Addres	SS (	- 0.6	- 1	
<u>-</u>				ichenneyer@v		(ouncilion	9
			ners of the	Nonprofit Organization	on		
Title	Name, Address, City, S		20.44		.,,		
Executive Director	Laurie K	loster boer	329	3 Cornhusker Cornhusker Hu	Huy, 51	e Alo Line	oln, No
Director of Finance + IT	Kyle John a	nenneyer -	3293	Cornhuster Hu	y, Ste A	10 Lincolny 1	VE 63
		-				1	
		escription of the					
			dilect, ii iiee			Registration Da	te or
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Numb	er	Date of Acquisiting Newly Purcha	tion,
Honda Accord	2013	Sedan		LHGCR2F59D	1237699	7/12/18	seu
Trovida Meess of	0.01,2	secian		LHOCHARSIN	7237611	1115/18	
xempt Uses of Motor Vehicle:						ehicles used exclusiv	ely
Agricultural and Horticultural Society	Educational	Religious		itable Cemetery	as indicated?		
Give detailed description of use, including an					YES	NO	
Drivers education	traching c	lasses					
	,				If No, give perc	entage of exempt use	10
					%		
Under penalties of law, I dec	lare that I have examine	d this exemption applic	cation and, to th	e best of my knowledge and	pelief, it is correc	t and complete.	
sign lalso declare that I am duly au	0		Δ (	0	/		
" TUNE SILVERY	enneytr		Directo	or of Finance,	IIT 7/1	2/18	
nere Authorized Signature		Т	itle	•	Date*	,	
	Fo	r County Treasurer	Recommen	dation			
Approval	Comm	ients:					
			١.	, j.			
Disapproval	-		1.4	1110			
		//	106	1/4/2)-		7-26-	- 18
		Signature of	County Treasur	Tor I		Date	
			,			Date	
		County Board of E	qualization (	USE UTILY			
☐ Approval	Comm	ents:					
Disapproval							
		Authorized S	ignature			Date	
			J				

Nebraska Department of REVENUE PROPERTY ASSESSMENT ASSESSMENT APPLICANT'S Name	FORM <b>457</b>				
North American Martyrs Cl	hurch/School				Type of Ownership
Street or Other Mailing Address	nurch/School		County		■ Nonprofit
1101 Isaac Drive			County	ancaster	Corporation
City		State Zip Code		Incorporated	Other (specify):
Lincoln		NE 68521		ebraska	
IDI		CTORS, OR PARTNERS OF			
ille			THE NONFROFTI ONG	INIZATION	
President	ident Name, Address, City, State, Zip Code  Mos Rev James Conley, 3400 Sheridan Blvd, Lincoln NE 68501				
Secretary		burn, 3400 Sheridan Bivd, Line			
Secretary	Father Brian Conno	r, 1101 Isaac Drive, Lincoln N	E 68521		
		CRIPTION OF THE MOTOR Vach an additional sheet, if n			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Nur		Registration Date or Date of Acquisition, if Newly Purchased
dydia Carrily	2008	4 dr Sedan LE AT	4T1BE46K48U7	39463	06/25/18
				*	
empt Uses of Motor Vehicle:				Are the meters	vehicles used exclusively
ive detailed description of use, includin	g an explanation if multiple us	teligious Charitable e classifications exist:	Cemetery	as Indicated?	□no
Roman Cathol ransportatio	in Sixtain	inco the	Car for	-	
Cornacti Cathlor	LC DISIES	, 02E 1.1C	Coti (Or	If No, give perc	entage of exempt use:
trainer talis	- to a	hd from	calonal	%	,
ransportance	n	TIC TOTT	301001		
nd school	activities	) ,			
also declare that I am duly	Stephens	F Title	ization owning the above-list	ed property does a	e, and correct. I not discriminate
	FOR CO	UNTY TREASURER RECOM	MENDATION		
PAPPROVAL	COMME	ENTS:			
_ DISAPPRO <b>VAL</b>		Signature of County Treas	Jurer Ahlm		7-26-1
	FOR COUN	NTY BOARD OF EQUALIZAT			Dato
_			5		
APPROVAL	COMME	ENTS:			
DISAPPROVAL					
		7			
		Authorized Signature			Date

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)(o) and (d), and 60-3,185, and 60-3,189

PLEASE RETAIN A COPY FOR YOUR RECORDS.



## NEBRASKA Good Life. Great Service.

DEPARTMENT OF REVENUE

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				Type of Ownership			
Priestly Fraternity of St. Peter, dba Our Lady of Guadalupe Sa			Nonprofit Corporation Other (specify):				
Name of Owner of Property			County Name State Where		•		
Priestly Fraternity of St. Peter			Lancaster			Connecticut	
Street or Other Mailing Address			Contact Name Phone Number				
Post Office Box 147			Dennis Kilcoyne 402-797-770			02-797-7700	
City	State <b>N</b> E	Zip Code <b>68339</b>	Also sufficient Filling - Also also sufficient and a suff			ora	
Denton	000.000					, i g	
			iers of th	e Nonprofit Organizati	on		
Title	Name, Address, City, State, Zip Code						
Chairman	Fr. Michael Stinson, 450 Venard Road, S. Abington Twp., PA 18411  Fr. Kenneth Webb, 450 Venard Road, S. Abington Twp., PA 18411						
Vice-Chairman							
Secretary	Fr. James Fryar, 645 W. 9th Street, #110-419, Los Angeles, CA 90015 Fr. Simon Harkins, 1703 Jackson Street, Scranton, PA 18504						
Treasurer	FI. Simon Harkins,	1700 dacksorr offee	t, Ociantoi	1,174 10004			
		escription of the					
Motor Vehicle Make	Model Year	Body Type		Vehicle ID Number		Registration Date or Date of Acquisition, if Newly Purchased	
Ford	2016	passenger v	an	1FBZX2YG7GKAS	92825	7/25/2018	
	9						
- M. M. Milida					Are the motor	vehicles used exclusively	
Exempt Uses of Motor Vehicle:  Agricultural and Horticultural Society	Educational	Religious	Псь	naritable Cemetery	as indicated?	vollidios doca excitativoly	
Give detailed description of use, including an Transport priests/seminarians to and other religious persons to/fro	church/charitab	le work locations		port guests, priests	If No, give perd	NO centage of exempt use:	
<ul> <li>I also declare that I am duly au</li> </ul>	clare that I have examine thorized to sign this exe	ed this exemption applic mption applic	ation and, to	the best of my knowledge and	belief, it is corre	ct and complete.	
here Authorized Signature			itle	Business Manager	7.	/27/2018	
		or County Treasurer	Recomm	endation			
Approval	Comn	nents:					
☐ Disapproval	-	//	, r	20	, 6 1		
		Signature of	County Trea	leredith Chiy	Deputy	Date 8/3/18	
For County Board of Equalization Use Only							
☐ Approval	Comm	nents:					
☐ Disapproval							
		Authorized Si	ignature			Date	

