



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM 457

Name of Organization: **Cornerstone Christian Church**
 Type of Ownership: Nonprofit Corporation Other (specify): _____
 Name of Owner of Property: **Cornerstone Christian Church**
 County Name: **Lancaster** State Where Incorporated: **Nebraska**
 Street or Other Mailing Address: **4849 Old Cheney Rd**
 Contact Name: **Steven Stolle** Phone Number: **402-421-7250**
 City: **Lincoln** State: **NE** Zip Code: **68516** Email Address: **Corstonech@aol.com**

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Steven Stolle, 5401 Cornell Rd., Lincoln NE 68516
Vice President	Herb Waller, 5424 Spruce St., Lincoln NE 68518
Secretary	Steven Houchin, 5300 Yankee Hill Rd., Lincoln NE 68518

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

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
GMC Savana	1999	G3500 Cut away minibus	1GDHG31F3X1126548	August

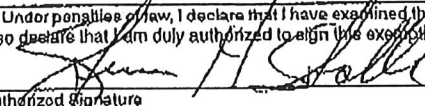
Exempt Uses of Motor Vehicle:
 Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:
This bus is used exclusively for church and daycare transportation needs.

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  **President** **8/5/2018**
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Disapproval

Comments: _____

Signature of County Treasurer _____ Date _____

For County Board of Equalization Use Only

Approval Disapproval

Comments: _____

Authorized Signature _____ Date _____

Received Time Aug. 12, 2018 2:39PM No. 1285 **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.

Name of Organization: St. Peter Catholic Church; Type of Ownership: Nonprofit Corporation; County Name: Lancaster; State Where Incorporated: NE; Contact Name: Mike Smith; Email Address: mike-smith@cdolinc.net

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Includes John Kuchta and Anthony Amdt as trustees.

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. Lists Buick and Ford vehicles.

Exempt Uses of Motor Vehicle: Agricultural and Horticultural Society, Educational, Religious (checked), Charitable, Cemetery.

Are the motor vehicles used exclusively as indicated?

YES (checked) NO

Give detailed description of use, including an explanation if multiple use classifications exist: Used by religious personnel in performance of education and church duties.

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: Business Manager

Date: 08/08/2018

For County Treasurer Recommendation

Approval (checked)

Comments:

Disapproval

Signature of County Treasurer: [Handwritten Signature]

Date: 8/11/18

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

[Handwritten mark]

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.

FORM
457

Name of Organization CAPITOL CITY CHRISTIAN CHURCH		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 7800 HOLDREGE STREET		Contact Name LAYNE ROLOFSON	Phone Number 402 467-4458
City LINCOLN	State NE	Zip Code 68505	Email Address LAYNE@CAPITOLCITY.ORG

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
ELDER	DOUG PORTER 2711 N 81ST ST LINCOLN, NE 68507-3348
ELDER	PHILIP RIHANEL 7070 LINCOLNSHIRE RD LINCOLN NE 68506-1637
ELDER	NED STRINGHAM 2231 N76TH ST LINCOLN NE 68505-1417

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
R&M	2013	TRAILOR	55ZR1EE13D1000196	AUG 2018
FORD	2012	ECONOLINE VAN	1FTNS2EL9CDA86629	AUG 2018
FORD	2011	ECONOLINE WAGON	1FBSS3BL4BDB07435	AUG 2018
FORD	2011	ECONOLINE WAGON	1FBSS3BL9BDB10279	AUG 2018

Exempt Uses of Motor Vehicle:

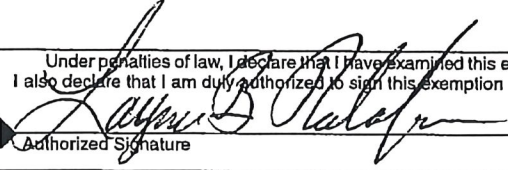
Agricultural and Horticultural Society Educational Religious Charitable Cemetery

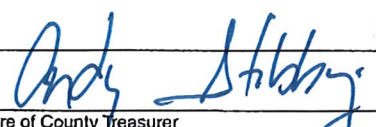
Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 _____ %

Give detailed description of use, including an explanation if multiple use classifications exist:
All vehicles are used exclusively for church sponsored functions transporting members and luggage or equipment to and from events.

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  **PROPERTY MANAGER** **8-8-18**
 Authorized Signature Title Date

For County Treasurer Recommendation	
<input type="checkbox"/> Approval	Comments: _____
<input type="checkbox"/> Disapproval	_____
 8/11/18 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.

Received Time Aug. 8. 2018 5:10PM No. 1174

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: LO5 Corporation of the Presiding Bishop, Church of Jesus Christ

Type of Ownership: Nonprofit Corporation Other (specify): _____

Name of Owner of Property: Mike Poulsen County Name: Lancaster State Where Incorporated: UT

Street or Other Mailing Address: 1030 Q St Contact Name: Mike Poulsen Phone Number: 402.435.6328

City: Lincoln State: NE Zip Code: 68508 Email Address: PoulsenPm@ldschurch.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Director	Mike Poulsen, 1030 Q 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
Subaru	2018	Sport Utility Vehicle	JE2SJAGC9JH555741	Aug 2018

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society 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:
Oversee religious education in Nebraska - visit teachers, classes, training through in service meetings.

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

Mike Poulsen
Authorized Signature

Director
Title

8-7-18
Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Andy Stibay
Signature of County Treasurer

8/11/18
Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

[Handwritten initials]