



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
Bryan Medical Center

Street or Other Mailing Address
1600 South 48th Street & 2300 South 16th Street

City
Lincoln

State
NE

Zip Code
68506 & 68502

County
Lancaster

State Where Incorporated

Type of Ownership

Nonprofit Corporation

Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Director, Supply Chain	Heather Seeba, 1600 South 48th Street, Lincoln, NE 68506

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 List				Sept 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:

Employee transportation for the provision of mobile diagnostic services throughout Nebraska. Equipment and supplies transportation for Maintenance, Grounds, and Supply Chain. Employee and patient transportation.

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 _____ Director of Supply Chain _____ 9/6/18
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

_____ 9/11/18
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.

Handwritten initials in a circle

Bryan Medical Center
 1600 South 48th Street and 2300 South 16th Street
 Lincoln, NE 68506 - 68502
 Motor Vehicles

Bryan Vehicle #	Make/Year	Model/Body Type	VIN #	Use/Purpose	Current License #
1	Chevrolet - 2008	Silverado K2500, Pickup, White	1GCHK24K58E131766	Snow removal	2358
2	Subaru - 2014	XV Crosstrek, SUV, White	JF2GPACC8E8227159	Mobile Diagnostics	2359
3	Subaru - 2015	Forester, SUV, White	JF2SIAAC5FH571306	Mobile Diagnostics	2360
4	Subaru - 2012	Forester, SUV, White	JF2SHBBC3CH431671	Mobile Diagnostics	2361
5	Subaru - 2014	Forester, SUV, White	JF2SIAAC3EH535581	Mobile Diagnostics	2362
6	Honda - 2016	CRV, Utility, White	5J6RM4H45GL043262	Mobile Diagnostics	2363
7	Chevrolet - 1992	GMT-400 K2500, Pickup, 4x4, White	1GCGK24K5NE138000	Spread gravel after snow removal	2364
8	GMC - 2001	Sierra K1500, Pickup, 4x4, White	1GTEK14T9J2211334	Snow removal, pick up/delivery of supplies	2327
9	Ford - 2015	Transit Connect XLT, Wagon LWB, White	NM0G59F70F1208171	Patient/Visitor Transport from parking lot to building	2328
10	Ford - 2012	Transit Connect	NM0L56BNXCT124585	Child Development	2329
11	Chevrolet - 1992	GMT-400 C3500, Pickup/Box, White	1GBJC34K3NE141216	Haul supplies	2330
12	Subaru - 2014	Forester, SUV, White	JF2SIAAC2EH453132	Mobile Sleep Lab - staff business travel	2331
14	Chevrolet - 2002	Express Cutaway G3500, Collins, Bus 14 Passenger, White	1GBHG31R221222585	Child Development	UGU560
15	Subaru - 2014	Forester, SUV, White	JF2SIAAC4EH439443	Patient transportation and staff business travel	2332
16	Honda - 2016	CRV, Utility, White	5J6RM4H31GL110382	Mobile Diagnostics	2333
17	Subaru - 2012	Forester, SUV, White	JF2SHBBC5CH410899	Mobile Diagnostics	2334
18	Chevrolet - 2006	Silverado K2500, Pickup, White	1GCHK24U26E279775	Snow removal	2335
19	Chevrolet - 2005	Equinox LS, SUV, 4 Door, White	2CNDL23F856183047	Mobile Nuclear Medicine	2336
20	Chevrolet - 2002	Trailblazer, LS, SUV, White	1GNDT135122309647	Security	2337
21	Chevrolet - 1998	GMT-400 K1500, Pickup, 4x4, White	1GCEK14R3WZ192422	Snow removal, pick up/delivery of supplies	2338
22	Chevrolet - 2009	Silverado, K2500, 4x4, Pickup, White	1GCHK4K99F124195	Snow removal	2339
23	Subaru - 2014	Forester, SUV, White	JF2SIAAC5EH424563	Patient transportation and staff business travel	2340
24	Ford - 2014	Transit Connect XLT, Wagon LWB, White	NM0G9E75E1140357	Staff Transportation/Print Shop & Distribution deliveries	2341
26	Chevrolet - 1998	GMT-400 K1500, Pickup, 4x4, White	1GCEK14R9WZ192537	Snow removal, pick up/delivery of supplies	2342
27	Subaru - 2012	Forester, SUV, White	JF2SHBBC3CH439799	Mobile Diagnostics	2343
28	Subaru - 2015	XV Crosstrek, SUV, White	JF2GPACC8FH250491	Mobile Diagnostics	2344
29	GMC - 2008	Savana G2500, Cargo Van, White	1GTGG25KX81233583	Mobile Diagnostics	2345
30	Ford - 2012	Transit Connect XLT, Cargo Van, White	NM0L56BNBCT124570	Distribution deliveries	2346
32	Chevrolet - 2004	Venture, Extended Cargo Van, White	1GBDX23E74D216477	Deliveries	2347
33	Ford - 2012	Supreme, E450, Bus, White	1FDFE4F9CDA41571	Rehab Services	UGU561
34	Ford - 2016	Collins, Bus, 15 Passenger, White	1FDEE3FL3GDC02789	Child Development	UGU562
35	Chevy - 2013	Silverado K2500, 4x4, Pickup, White	1GC0KVG5DF178554	Snow removal, pick up/delivery of supplies	2301
39	International - 2003	Conventional Cab 4000 Series 4400, White	1HTMKAAN83H586337	Mobile Diagnostics/ Screening	2302
41	International - 2005	Semi Tractor 8000 Series 8600, White	1HSHX5BR65J053168	Screening Services Lab	2303
42	Trailmobile - 1999 (Trailer Corp)	Semi Trailer, Blue/White	1PT0JLHXX9002347	Screening Services Lab	XPG800
43	GMC - 2017	Savana Cutaway G3500, Van, White	7GZ37TCG3HN009053	Delivery of equipment/supplies	2305
44	GMC - 2011	Savana G1500, CargoVan, White	1GTS7AF49B1140680	Mobile Diagnostics	2305
45	Subaru - 2011	Forester, SUV, White	JF2SHBBC9BH760874	Mobile Diagnostics	2306
46	Finish Line - 2011	2 Wheel Utility Trailer	52WBU1210BR001251	Grounds	XPG801
47	GMC - 2002	Sierra K2500 4x4, Pickup, White	1GTHK24U52E158636	Snow removal, pick up/delivery of supplies	2307
48	Ullhaul - 2010	4 Wheel Flatbed Tilt Utility Trailer, 14,000 lbs.	1U9UJ1824AW055444	Maintenance	XPG803
49	Load Trail - 2011	Tandem Axle Dump Trailer 12'	42EOT1227B1002608	Maintenance	XPG804
50	Subaru - 2012	Forester, SUV, White	JF2SHBBCXCH434342	Mobile Diagnostics	2308
51	Ford - 2001	SRW F-250, Pickup, White	1FTNF21L81EB35594	Grounds	2309
52	Chevrolet - 2009	Express Cutaway G3500, Collins, Bus, 14 Passenger, White	1GBJG31K091113766	Child Development	UGU563
54	Ford - 2014	E-350, XLT, Bus, 15 Passenger, White	1FB553BLXEDA21048	Staff & Patient Transportation	UGU564
55	Dodge - 2000	Caravan, Grand SE/Sport, Van, White	1B4GP44L8YB630139	Distribution	2310
56	Honda - 2016	CRV, Utility, White	5J6RM4H44GL025965	Mobile Diagnostics	2311
57	Chevrolet - 2003	Silverado C3500, Pickup, White	1GBJC34UX3E254885	Distribution	2312
58	GMC - 2010	Savana G1500, Cargo Van, White	1GTUGAD49A1166044	Mobile Diagnostics	2313
59	Subaru - 2011	Forester, SUV, White	JF2SHBBC6BH765806	Mobile Diagnostics	2314
60	Subaru - 2012	Forester, SUV, White	JF2SHBBC8CH431634	Mobile Diagnostics	2315
61	Ford - 2014	Transit Connect XLT Van LWB, Cargo Van, White	NM0LS7F70E1145686	Distribution deliveries	2316
62	Subaru - 2015	Outback, Wagon, White	4S4B5CCSF3346343	Mobile Screening	2317
65	Ford - 2007	Explorer, 4X4, SUV, White	1FMEU738X7UB57280	Security - East	2318

Emailed to Katrina L. Chambers

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 Evangelical United Lutheran Church (ELCA)			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Evangelical United Lutheran Church (ELCA)			County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 5945 Fremont Street			Contact Name Karen Daffer	Phone Number 402-466-2277
City Lincoln	State NE	Zip Code 68507	Email Address office@unitedlutheranlincoln.com	

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Council President	Roger Jaques 418 Mulder Dr. Lincoln, NE 68510
Council Vice-President	Tim Sestak 3323 Prairieview Dr. Lincoln NE 68504
Secretary of Council	Steve Lind-Olson Hallmark Road Lincoln, NE 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
Chrysler	2007	Town & Country	2A4GP54L77R205630	09-04-2014

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:

Use of vehicle is to pick up and return members living at home who are unable to attend church by their own means.
Vehicle is also used to transport children to church events around Lincoln and/or out of town.

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

Karen L. Daffer
Authorized Signature

Church Office Secretary

Date 8/24/2018

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Candace Meredith, Chief Deputy 8/28/18
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.

Name of Organization Gentle Shepherd Baptist Church		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 NE
Street or Other Mailing Address 1601 W. Burnham St		Contact Name	Phone Number 402 580 7002
City Lincoln	State NE	Zip Code 68512	Email Address gfuller@neb.sr.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Deacon	Doyle Blackgett 1315 W. Commodore Blvd Lincoln NE 68521
Trustee	Jeffrey Newick 2700 W. Shane Dr " " 68522
Trustee	Gary Stanley 4124 NW 50th " " 68524
Trustee	Delmar Barber 700 N. 26th " " 68503

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	2002	Van	1FB5531S92NB63717	9/22/2017
Hyundai	2016	Sedan	5NPE34AF96H274321	9/22/2017

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:

Ford: Transport of parishioners & youth groups to & from worship & activities

Hyundai: Running church errands, Hospital, nursing home & shut-in visits, Travel to & from conferences, meetings, Charitable deliveries, transports of congregants, staff vehicle

Are the motor vehicles used exclusively as indicated?

- YES
 NO

If No, give percentage of exempt use:

85 %

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

Title

Date

[Signature]

Pastor

8/28/18

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Signature of County Treasurer

Date

Candace Mercedes, Chief Deputy **9/4/18**

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.
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**FORM
457**

Name of Organization Goodwill Industries Serving Southeast Nebraska Inc		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 Nebraska
Street or Other Mailing Address 2100 Judson Str		Contact Name Micki Nolan	Phone Number 402-742-8441
City Lincoln	State NE	Zip Code 68521	Email Address micki@lincolngoodwill.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
CEO	Joanne Pickrel, 2100 Judson St, Lincoln, NE 68521
CFO	Micki Nolan, 2100 Judson St, 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
Freightliner	2019	Truck	3ALACWFC2KDKL1464	08/28/2018

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:

Truck is used to transport donated goods and recyclables.

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

Micki Nolan
Authorized Signature

Title

CFO

Date

8/28/2018

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Camolac Meredith, Chief Deputy 9/4/18
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature Date

DN



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 Great Plains Annual Conference of the United Methodist Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address PO Box 4187		County Lancaster
City Topeka	State KS	Zip Code 66604-4187
		State Where Incorporated Kansas

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Loyd Hamrick, 10323 W Alamo St, Wichita, KS 67212-1221
Vice President	Rev. Neil Gately, 9359 Walmer St, Overland Park, KS 66212-1450
Secretary	Jenelle Erb, 511 E 2nd St, Orchard, NE 68764-6446
Treasurer	Scott Brewer, PO Box 4187, Topeka, KS 66604-4187

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 RAV4	2018	SUV	JTMBFREV5JJ737075	08/13/2018

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:

These vehicles are used by employees of the Annual Conference in necessary church duties of providing services to the churches of Nebraska and Kansas. Meetings are held throughout both states and transportation is also needed to travel to connectional conferences in other states.

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 McLaughlin
Authorized Signature

Property Coordinator

08/29/2018

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Candace Meredith Chief Deputy 9/4/18
Signature of County Treasurer Date

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 Lighthouse		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 2601 N Street		Contact Name William Michener	Phone Number (402)475-3220
City Lincoln	State NE	Zip Code 68510	Email Address bmichener@lincolnlighthouse.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Board President	Pete Allman, 3195 Sheridan Blvd. Lincoln, NE 68502
Board Vice President	Britt Ehlers, 3540 Village Dr. Lincoln, NE 68502
Board Secretary	Stacie Hooks, 6401 Winding Ridge Circle, Lincoln, NE 68512
Executive Director	Bill Michener, 842 Sumner 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	2013	E350	1FBSS3BL9DDA87721	9/2018
Toyota	2012	HHL	JTEDC3EH8C2004066	9/2018

Exempt Uses of Motor Vehicle:

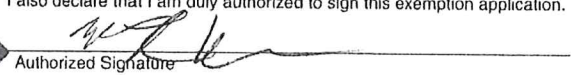
Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:
Used to transport youth to and from events that will enrich the lives of the youth that attend Lighthouse. Such activities include sporting events, fundraising events, cultural events and college tours. The vehicle is also used to pick up food and other items to run programming at Lighthouse.

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

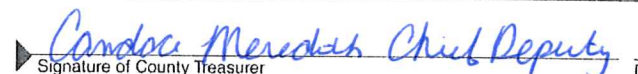
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  Executive Director 8/23/2018
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Disapproval

 08/28/18
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 Lincoln/Lancaster County Habitat for Humanity, Inc.			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 4615 Orchard St		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
President	Marvin Jaques, 9124 Baybrook Cir, Lincoln, NE 68516
Vice President	Matt Kasik, 7140 S Hampton Rd, Lincoln, NE 6806
Treasurer	Steve Semke, 3901 S 78th St, Lincoln, NE 68506
Secretary	Julie Joeckel, 527 Danville Dr, Lincoln, NE 68510

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
Isuzu	2018	Straight Truck	JALC4W164J7007368	08/23/2018

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

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

Vehicle is used for donation pick-up service. Vehicle may also be used to transport construction or other program materials to job sites.

Are the motor vehicles used exclusively as indicated?

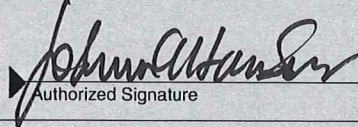
- YES NO

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

Executive Director

08/23/2018

Title

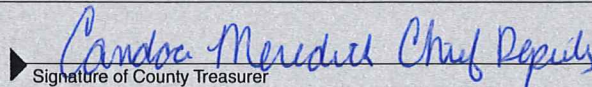
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL


Signature of County Treasurer Date 9/4/18

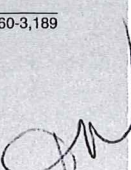
FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature Date



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

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

Name of Organization Lincoln Lutheran School Association		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property 1100 North 56th Street		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address		Contact Name Doug Wiemer	Phone Number 402 467.5404
City Lincoln	State NE	Zip Code 68504	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Executive Director	Scott Ernstmeyer, 1100 No. 56th St, 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
THOMAS BUS	2006	BUS	1T7YT4C2861166240	1/18
INTERNATIONAL BUS	1999	BUS	1HVBGAAR2XA022054	9/17
FORD ECONLINE	2009	VAN	1FBNE31LX90A64123	9/17
FORD ECONLINE	2009	VAN	1FBNE31L49DA74677	9/17
GMC	2010	VAN	1GDZGRDG3A1175509	9/17

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:

Pupil transportation
Transport students to 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 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

Title

Executive Director

30 August 2018

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Signature of County Treasurer

Date

Candace Meredith, Chief Deputy *9/4/18*

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 <i>Northern Lighthouse</i>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property <i>6141 N 14th St</i>		County Name <i>Lancaster</i>	State Where Incorporated <i>NE</i>
Street or Other Mailing Address <i>Lincoln NE 68521</i>		Contact Name <i>Karen Keyzer</i>	Phone Number <i>(402) 477-1849</i>
City <i>Lincoln</i>	State <i>NE</i>	Zip Code <i>68521</i>	Email Address <i>K.Keyzer72@gmail.com</i>

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
<i>Pastor</i>	<i>Sam Keyzer 1730 meadowlark Cir Lincoln, NE 68521</i>
<i>Assoc Pastor</i>	<i>Jonathan Keyzer 2740 "R" St Lincoln, NE 68521</i>
<i>Treasurer</i>	<i>Karen Keyzer 1730 meadowlark Cir Lincoln, NE 68521</i>
<i>Board member</i>	<i>Roberta Wilbur 2927 Dudley St Lincoln, NE 68503</i>

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
<i>Ford Cargo Cutaway</i>	<i>1996</i>	<i>Cargo Cutaway</i>	<i>1FDIE30H7THA04173</i>	<i>Sept 2018</i>
<i>Chevy Van</i>	<i>2012</i>	<i>passenger Van</i>	<i>1GAZG1FA1C1134466</i>	<i>Sept 2018</i>

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:

Transport people to & from worship services & other church related 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 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

Karen Keyzer
Authorized Signature

Treasurer
Title

9-6-18
Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Candice Meredith Chief Deputy *9/11/18*
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.

D/K/A

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: The Bridge Behavioral Health, Inc. Type of Ownership: Nonprofit Corporation. County Name: Lancaster. State Where Incorporated: Nebraska. Contact Name: Lori Popp. Phone Number: 402-477-3951. City: Lincoln. State: NE. Zip Code: 68508.

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include President (Todd Duncan), Vice President (Mayde McGuire), Secretary (Megan Witherspoon), and Treasurer (Pat Hunter-Pirtle).

Table with 5 columns: Motor Vehicle Make, Model Year, Body Type, Vehicle ID Number, Registration Date or Date of Acquisition, If Newly Purchased. Rows include Ford 2003 F2S, Ford 2004 E-350 Van, and Ford 1997 CS3.

Exempt Uses of Motor Vehicle: Charitable (checked). Are the motor vehicles used exclusively as indicated? YES (checked). Give detailed description of use: These vehicles are used to transport the Agency's clients and supplies to/from appointments and self help groups.

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: Lori Popp, Business Manager, 8-23-18.

For County Treasurer Recommendation. Approval (checked). Comments: Candace Meredith, Chief Deputy, 8/28/18.

For County Board of Equalization Use Only. Approval (unchecked). Comments: (blank). Authorized Signature and Date fields.

Please retain a copy for your records.

Handwritten initials 'CW' in the bottom right corner.

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: Middlecross Church of the... Type of Ownership: Nonprofit Corporation... Name of Owner of Property: 2600 North 70th Street... County Name: Lancaster... State Where Incorporated: Nebraska... Street or Other Mailing Address: Lincoln NE 68507... Contact Name: Nebraska... Phone Number: 402-466-8489... City: Lincoln State: Nebraska Zip Code: 68507 Email Address:

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include Lead pastor (Jeff Wiesinger), Treasurer (Gerry Frieberg), and Director of Childcare (Dawn Nider).

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, 2001, EcoLine van, 1FTNE24L91HA73684, 8-17-18.

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:

Transportation of Donations and other religious Activities pertains to the church.

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: [Signature]

Title: Outreach Worker

Date: 08-22-18

For County Treasurer Recommendation

Approval

Comments:

Disapproval

Signature of County Treasurer: Candace Meredith, Chief Deputy Date: 8/28/18

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature Date

[Handwritten mark]

NEBRASKA

Good Life. Great Service.

DEPARTMENT OF REVENUE

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 SACRED WINDS NATIVE UNITED METHODIST CHURCH		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property 2400 S. 11TH ST.		County Name LANCASTER	State Where Incorporated NE
Street or Other Mailing Address 2400 S. 11TH ST.		Contact Name	Phone Number
City LINCOLN	State NE	Zip Code 68502	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
PASTOR	LINDA QUENZER, 727 S 18TH ST. LINCOLN NE 68508
DIRECTOR	WENDE SPENCER, 1501 HEATOP RD, #109 LINCOLN, NE 68522
SECRETARY	LORETTA McCRESSY, 6235 N. 34TH ST, LINCOLN NE 68504
TREASURER	Gene Bortner, 623 W FAIRFELD, 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
DODGE	2000	VAN	1B4GP24GB6YB807833	8-28-18

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:

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

Gene Bortner

Title

TREASURER

Date

8-28-18

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Candace Meredith, Chief Deputy **9/4/18**
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.

[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: Sisters of Mary, Queen of Mercy; Type of Ownership: Nonprofit Corporation; Name of Owner of Property: 9141 S 78th St; County Name: Lancaster; State Where Incorporated: NE; Street or Other Mailing Address: Lincoln NE 68516; Contact Name: Sister Mary Clare; Phone Number: 402-421-1704; City: Lincoln; State: NE; Zip Code: 68516; Email Address: mcmaidiem03@yahoo.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Entry: Second General Assistant, Sister Mary Clare Vu, 9141 S 78th St, Lincoln NE 68516.

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. Handwritten: please see the attachment sheet for seven vehicles; Thank You; Sept. option.

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: Transportation for community purposes to Church, education, Religious ceremonies, school, work, social services with charity purposes, and for the Administrative duties for the Diocese of Lincoln, NE

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: Sr. Mary Clare; Title: Second General Assistant; Date: August 27, 2018

For County Treasurer Recommendation

Approval

Comments:

Disapproval

Signature of County Treasurer: Candice Meredith, Chief Deputy; Date: 9/4/18

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature; Date

Handwritten initials/signature

Sisters of Mary, Queen of Mercy
9141 S. 78th Street
Lincoln, NE 68516
Telephone (402) 421-1704

August 27th, 2018

To: Andy Stebbing
Lancaster County Treasurer
Motor Vehicle Division
625 N. 46th Street
Lincoln, NE 68503-3720

To Whom It May Concern,

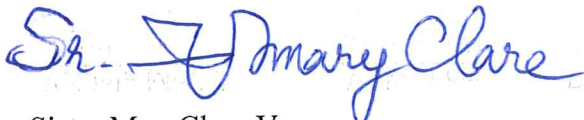
I would like to ask for the Tax Exemption on the motor vehicles owned by our Congregation, a Nonprofit Organization with the Applicant name: Sisters of Mary, Queen of Mercy. Our address is at the top right of this letter.

These vehicles are registration as September's option. The multiple classifications for use are: transportation for community purposes to Church, education, Religious ceremonies, school, work, social services with charity purposes, and for the administrative duties for the Diocese of Lincoln, Nebraska.

<u>Vehicle Model</u>	<u>Make Year</u>	<u>Body Style</u>	<u>Vehicle Identification Number</u>
1- Villager	Mercury 1999	Sport Van	4M2XV11T5XDJ17472
2- Deville (FWD)	Cadillac 2002	4D Sedan	1G6KD54Y32U293904
3- Civic U.S LX-S	Honda 2009	4D Sedan	2HGFA16629H335697
4- Camry LE	Toyota 2013	4D Sedan	4T1BF1FK4DU665810
5-Versa SV/SL	Nissan 2014	4D Sedan	3N1CN7AP7EL856198
6-Versa Note/SV/SR	Nissan 2015	4D Hatchback	3N1CE2CP7FL374302
7- Versa Note/SV/SR	Nissan 2015	4D Hatchback	3N1CE2CPXFL398626

This information is in additional to the Form 457 of Exemption Application. Thank you for your consideration.

Sincerely,



Sister MaryClare Vu

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 VITAL Services, Inc.		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property 6400 Cornhusker Hwy Ste 250		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address		Contact Name Paul Vinton	Phone Number 402-465-5664
City Lincoln	State Ne	Zip Code 68507	Email Address pvinton@vitalservices.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President	David Thompson, 1955 Sewell St., Lincoln, NE 68502
Vice President	Kerin Peterson, 1117 Galloway Ave., Lincoln, NE 68512
Treasurer	Sean Gewecke, 805 E. 9th St., Hickman, NE 68372
Secretary	Gary Dickerson, 6222 Oakridge Dr., 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
See Attached				

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:
VITAL Services, Inc. provides vocational and residential supports for individuals with developmental disabilities.

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 ▶ Paul Vinton Authorized Signature Maintenance Director Title 8/24/18 Date

For County Treasurer Recommendation	
<input checked="" type="checkbox"/> Approval	Comments: _____
<input type="checkbox"/> Disapproval	_____
<u>Candace Meredith, Chief Deputy</u> Signature of County Treasurer <u>8/28/18</u> 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.

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 Women In Community Service Inc		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property same as above		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 1935 D Street		Contact Name Tauni Waddington	Phone Number 402-477-5256
City Lincoln	State NE	Zip Code 68502	Email Address wicshome@windstream.net

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Jerry Thraen, 12500 Havelock Ave, Lincoln NE 68527
Secretary	Sarah Lounsbury, 2171 Wesley Dr, Lincoln NE 68512
Treasurer	Patty Bollinger, 4810 S 72nd St, Lincoln NE 68516
Executive Director	Tauni Waddington, 1935 D Street, 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	2008	WSD	1FBNE31L38DA20687	9/2018
Dodge	1999	SSP	1B4GP45G2XB910857	9/2018
Hyundai	2016	Elantra	KMHDH4AD2GUTW0584	9/2018

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:

These vehicles are used to transport the residents of WICS Residence for Girls to and from appointments, school, recreational activities, and other necessary trips for their well being and welfare.

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 ▶

Tauni Waddington
Authorized Signature

Executive Director

8/22/2018

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Candace Meredith, Chief Deputy 8/20/18
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature Date

aw