



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: Girl Scouts Spirit of Nebraska; Type of Ownership: Nonprofit Corporation; County Name: Lancaster; State Where Incorporated: Nebraska; Contact Name: Jodi M. Prewitt; Phone Number: 402-779-8232; Email Address: jprewitt@girlscoutsnebraska.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Entry: Chief Executive Officer, Fran Marshall, 2121 S 44th Street, Omaha, NE 68105.

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. Entry: GMC, 2010, Savana Van, 1GJZGPDG7A1183761, October 2012.

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 van is used for the transportation of Girl Scouts and related materials to scouting.

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

CFAO

Title

Date

09/04/2018

For County Treasurer Recommendation

Approval

Comments:

Disapproval

Signature of County Treasurer

Date

Candice Meredith, Chief Deputy, 9/13/18

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Handwritten initials 'CW'





# 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

LINH Quang Buddhist Center

Type of Ownership

Nonprofit Corporation

Other (specify):

Street or Other Mailing Address

3175 W Pleasant Hill Rd

County

Jancaster

City

Lincoln

State

NE

Zip Code

68523

State Where Incorporated

NE

### IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<u>President</u>	<u>PHI VAN TRAN 3175 W Pleasant Hill Rd Lincoln NE 68523</u>
<u>Treasurer</u>	<u>HOANG HO 2300 W Denton Rd Lincoln, NE 68523</u>
<u>Secretary</u>	<u>TU THU HA 1500 N 31st St Lincoln, NE 68503</u>

### 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
<u>Subaru</u>	<u>2011</u>	<u>Forester</u>	<u>JE2SHAP5C0BH765042</u>	<u>Sept 2018</u>
<u>Toyota</u>	<u>2008</u>	<u>Tundra</u>	<u>5TFBT52W188X0012643</u>	
<u>Toyota</u>	<u>2012</u>	<u>RAV4</u>	<u>2T3BFADV5CW247695</u>	

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: Travel to another state to teach bible and learn bible, visit the elderly members sick in the hospital or at home, service the funeral for vietnamese Buddhist people in town or out of town, use the truck for buy the materials to remodel the building and build the new building for classes teaching vietnamese language for young children

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

Hoang H

Title

Treasurer

Date

9-12-18

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: \_\_\_\_\_

DISAPPROVAL

Candace Meredith  
Signature of County Treasurer

Date

09/13/18

### 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 <b>House of Prayer Christian Church</b>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property <b>House of Prayer Christian Church</b>		County Name <b>Lancaster</b>	State Where Incorporated <b>Nebraska</b>
Street or Other Mailing Address <b>1333 Morton St</b>		Contact Name <b>Oleg Stepanyuk</b>	Phone Number <b>402-610-2618</b>
City <b>Lincoln</b>	State <b>NE</b>	Zip Code <b>68521</b>	Email Address <b>olegstepanyuk.hop@gmail.com</b>

### Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Senior Pastor	Bogdan Stepanyuk, 4430 W. Huntington Ave., Lincoln, NE 68524
Treasurer	Viktor Popov, 13830 Bailey St., Waverly, NE 68462
Secretary	Vasily Brichka, 3000 W. Pleasant Hill Rd., Lincoln, NE 68523

### 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
Mercedes Benz	2013	Van	WDZPE8CC7D5808875	October 2017
Ford Transit 350	2016	Van	1FBZX2CM4GKA82024	March 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:

These vans are used to transport elderly members of our church to church services, transport missionary teams to the areas of their service, youth groups and orchestra to various conferences and church events in Midwest.

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

*Bogdan Stepanyuk*

Senior Pastor

Title

09/14/2018

Date

### For County Treasurer Recommendation

Approval

Comments: \_\_\_\_\_

Disapproval

Signature of County Treasurer

*Candace Meredith* Chief Deputy Treasurer 9/19/18

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

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

Print

Reset

FORM  
457

Applicant's Name Good Neighbor Community Center			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation Other (specify): _____
Street or Other Mailing Address 2617 Y Street		County Lancaster	
City Lincoln	State NE	Zip Code 68503	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Executive Director	Tom Randa, 3622 South 52nd Street, Lincoln, NE 68506
Board President	Kolade Alabi, 430 Terrace Road Lincoln, NE 68505
Treasurer	Jerry Wiggle, P.O.Box 66, Bennett, NE
Board Secretary	Carol Leonhardt, 6530 South 66th Street, 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
IHC - 4100	2007	Conventional Cab with 14' van equipment	3HTMWAFK07N430551	October

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

Are the motor vehicles used exclusively as indicated?  
 YES     NO

If No, give percentage of exempt use:  
 \_\_\_\_\_%

Give detailed description of use, including an explanation if multiple use classifications exist:  
 The truck will be used for Good Neighbor Community Center's Food Distribution Program.  
 Picking up food donations from various sites in town.  
 Picking up miscellaneous donations to be distributed to low income families at the center.

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

09/13/18

Title

Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL  
 DISAPPROVAL

COMMENTS: \_\_\_\_\_

Signature of County Treasurer    Date 9/19/18

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL  
 DISAPPROVAL

COMMENTS: \_\_\_\_\_

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: Calvary Community Church; Type of Ownership: Nonprofit Corporation; County Name: Lancaster; State Where Incorporated: NE; Contact Name: Jeff Ryan; Phone Number: 402.474.0642; City: Lincoln; State: NE; Zip Code: 68521; Email Address: [blank]

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows for President (Richard Danielson), Secretary (Nate Howland), and Treasurer (Todd Case).

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 for Ford Pickup, 1997, F-150, 1FTDX1867VKB08008, 10/17.

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:

Primary purpose is for snow removal and moving items around our property. Occasional use to transport items to locations within the city. (i.e. debris to dump, equipment for maintenance, etc.)

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

Executive Director

Date

9-13-18

For County Treasurer Recommendation

Approval

Comments:

Disapproval

Signature of County Treasurer

[Handwritten Signature: Candice Meredith, Chief Deputy Treasurer 9/19/18]

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.

FORM  
**457**

Name of Organization <i>Connecting Pointe Church at the Nazarene</i>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property <i>1901 S 70th St</i>		County Name <i>Lancaster</i>	State Where Incorporated <i>NE</i>
Street or Other Mailing Address <i>Lincoln</i>		Contact Name <i>Drea Eddie</i>	Phone Number <i>402 486 1930</i>
City <i>Lincoln</i>	State <i>NE</i>	Zip Code <i>68506</i>	Email Address <i>dreddie@connecting-pointe.com</i>

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
<i>Pastor</i>	<i>Drea Attebery 6950 South St Lincoln NE 68506</i>
<i>Director</i>	<i>Archie Wines 5512 Channel Dr Lincoln NE 68516</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</i>	<i>2007</i>	<i>Van - 15 passenger</i>	<i>1FB5531LX72A03380</i>	<i>10/17-10-18</i>

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:  
*Transporting children to + from school + field trips some childcare errands*

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** \_\_\_\_\_ Title *Asst. Director* Date *9-18-18*

**For County Treasurer Recommendation**

Approval    Comments: \_\_\_\_\_

Disapproval    \_\_\_\_\_

*Camille Meredith, Chief Deputy Treasurer*    Date *9/19/18*

**For County Board of Equalization Use Only**

Approval    Comments: \_\_\_\_\_

Disapproval    \_\_\_\_\_

\_\_\_\_\_ 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: Immanuel; Type of Ownership: Nonprofit Corporation; Name of Owner of Property: Immanuel Retirement Communities; County Name: Lancaster; State Where Incorporated: Nebraska; Street or Other Mailing Address: 1044 N. 115th Street, Suite 500; 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. Jacob), and Vice Chair (Bruce A. Pfaltz).

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. Rows include Honda (2013, Odyssey Van), Ford (2014, El Dorado Bus), and Buick (2001, Century Custom).

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: 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.

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

CFO

Title

Date: 9-18-18

For County Treasurer Recommendation

Approval

Comments:

Disapproval

Signature of County Treasurer: Candace Mendenhall; Date: 9/21/18

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature, Date

Please retain a copy for your records.

Handwritten initials/signature

# 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 <b>Immanuel</b>		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify) _____	
Name of Owner of Property <b>Immanuel Retirement Communities II</b>		County Name <b>Lancaster</b>	State Where Incorporated <b>Nebraska</b>
Street or Other Mailing Address <b>1044 N. 115th Street, Suite 500</b>		Contact Name <b>Scott Bear</b>	Phone Number <b>(402) 829-2900</b>
City <b>Omaha</b>	State <b>NE</b>	Zip Code <b>68154</b>	Email Address <b>sbear@immanuel.com</b>

### Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Eric N. Gurley - 1044 N. 115th Street, Suite 500 Omaha NE 68154
Secretary	George A. Grieb - 1044 N. 115th Street, Suite 500 Omaha NE 68154
Chair	David A. Jacox - 1044 N. 115th Street, Suite 500 Omaha NE 68154
Vice Chair	Bruce A. Plath - 1044 N. 115th Street, Suite 500 Omaha NE 68154

### 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	2018	Odyssey EXL	5FNRL6H73JB044211	October 2018
Ford	2018	E350 El Dorado Aerotech	1FDEE3FS5JDC29734	October 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:

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.

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

*Scott Bear*

Title

CFO

Date

9-18-18

### For County Treasurer Recommendation

Approval

Comments: \_\_\_\_\_

Disapproval

Signature of County Treasurer

*Candace Meredith* Chief Deputy  
*9/26/18*

Date

### For County Board of Equalization Use Only

Approval

Comments: \_\_\_\_\_

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

*aw*