

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. Paul United Methodist Church; Type of Ownership: Nonprofit Corporation; Name of Owner of Property: St. Paul United Methodist Church; County Name: Lancaster; State Where Incorporated: Nebraska; Street or Other Mailing Address: 1144 M. St. NE 68512; Contact Name: Sherry Waldman; Phone Number: 402-477-6751; City: Lincoln; State: NE; Zip Code: 68512; Email Address: [blank]

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include President (Steve McKelvey), Vice President (Steve Bowen), and Treasurer (Dave Wilcox).

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: Sharp, 2019, 6x14 TA, 1S9BE1421K1870243, 10-3-18.

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

If No, give percentage of exempt use:

%

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

sign here [Signature] Authorized Signature

Troop Advancement Chair 10-16-18 Title Date

For County Treasurer Recommendation

Approval (checked)

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

Disapproval

[Signature] Chief Deputy County Treasurer Date 10/18/18

For County Board of Equalization Use Only

Approval

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

Disapproval

Authorized Signature Date

Please retain a copy for your records.

Nov Opt [Signature]



# 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: **Madonna Rehabilitation Hospital**

Street or Other Mailing Address: **5401 South Street**

City: **Lincoln** State: **NE** Zip Code: **68506** County: **Lancaster** State Where Incorporated: **NE**

Type of Ownership

Nonprofit Corporation

Other (specify): \_\_\_\_\_

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

Title	Name, Address, City, State, Zip Code
President and CEO	Paul Dongilli, 5401 South Street, Lincoln, NE 68506
Chief Financial Officer	Victor Witkowicz, 5401 South 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
Ford	Fusion	4-door Sedan	3FA6P0HDXJR267781	9/28/18

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

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

Licensed by the State of Nebraska as a Rehabilitation Hospital. Madonna provides rehabilitation, Long Term Care and Nursing Home services. Madonna also provides community medical transportation. These services are provided as a non-profit organization as described in 501(C)(3) of the IRS Code.

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

*Michael D. Hauer*  
Authorized Signature

General Counsel

8/29/2016  
Date

**FOR COUNTY TREASURER RECOMMENDATION**

APPROVAL

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

DISAPPROVAL

*Lanessa Meredith* Chief Deputy County Treasurer    10/15/18  
Signature of County Treasurer    Date

**FOR COUNTY BOARD OF EQUALIZATION USE ONLY**

APPROVAL

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

DISAPPROVAL

Authorized Signature    Date

*aw*



# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM  
457

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

Applicant's Name: School Sisters of Christ the King

Street or Other Mailing Address: 4100 SW 56th Street

City: Lincoln State: NE Zip Code: 68522

County: Lancaster State Where Incorporated: NE

Type of Ownership:  
 Nonprofit Corporation  
 Other (specify): \_\_\_\_\_

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

Title	Name, Address, City, State, Zip Code
President - Bishop	James Conely P.O. Box 90328 Lincoln NE 68501
Vice President	Mother John Paul 4100 SW 56th St. Lincoln NE 68522
Treasurer - Sister	Margaret Mary

### 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
Nissan Versa Note S Plus	2014	5dr/HB	3NICE2CP6EL431278	Renewal
Nissan Versa Note SV	2017	5dr/HB	3NICE2CP5HL361101	Renewal
Chery QLS	2009	4dr Sport Utility	2CNDL13F686337503	Renewal
Buick CCV	1999	4dr Sedan	2E4W552M6X1449517	Renewal
Nissan QSP	2015	Sport Van	JN8AE2KN7F9130918	Renewal

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural  
  Educational  
  Religious  
  Charitable  
  Cemetery

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

Transportation for religious community, grocery shopping as well as educational opportunities.

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

Sister Margaret Mary, C.K.  
Authorized Signature

Secretary Treasurer  
Title

10-25-2018  
Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

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

Andy [Signature]  
Signature of County Treasurer

10/29/18  
Date

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

*aw*



# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM  
**457**

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

Applicant's Name: School Sisters of Christ the King

Street or Other Mailing Address: 4100 SW 56th St.

City: Lincoln NE State: \_\_\_\_\_ Zip Code: 68522

County: Lancaster State Where Incorporated: NE

Type of Ownership:  
 Nonprofit Corporation  
 Other (specify): \_\_\_\_\_

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

Title	Name, Address, City, State, Zip Code
President - Bishop	James Conley P.O. Box 30328 Lincoln NE 68501
Vice President - Mother	Joan Paul 4100
Treasurer - sister	Margaret Mary SW 56th St. Lincoln NE 68522

### 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 OYE	2001	Spont Van	23WKRL186X1H593884	Renewal
Buick LNF	2005	4dr sedan	154HR54K65U282563	Renewal
Honda OYX	2013	Spont Van	5FNRL5H39DB039789	Renewal
Nissan QSS	2012	Spont Van	JN8AE2KP7C9031276	Renewal
Chevy AKH	2003	Pickup	1BCHK24J93E345193	Renewal

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural     Educational     Religious     Charitable     Cemetery

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

Transportation for religious community, grocery shopping as well as educational opportunities

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** Sister Margaret Mary, C.K. Secretary-Treasurer 10-25-2018

Authorized Signature    Title    Date

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL    COMMENTS: \_\_\_\_\_

DISAPPROVAL

Andy Sikky 10/29/18

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*

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: Trinity Lutheran Church and School; Type of Ownership: Nonprofit Corporation; County Name: Lancaster; State Where Incorporated: Nebraska; Contact Name: Troy Chase; Email Address: chaselinc5@aol.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Includes Property Manager Troy Chase and Treasurer Steve Taege.

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. Includes GMC 1998 3/4 T Truck.

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: To haul materials and personnel between vendors, church, and school.

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: Property Manager, Date: 10/23/18

For County Treasurer Recommendation

Approval/Disapproval checkboxes

Comments:

Signature of County Treasurer, Date: 10/29/18

For County Board of Equalization Use Only

Approval/Disapproval checkboxes

Comments:

Authorized Signature, Date

Handwritten signature



# 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  
**NEBRASKA CROP IMPROVEMENT ASSOCIATION**

Street or Other Mailing Address  
**268 Plant Science Hall**

City  
**Lincoln**

State  
**NE**

Zip Code  
**38583-0911**

County  
**Lancaster**

State Where Incorporated  
**NE**

Type of Ownership  
 Nonprofit Corporation  
 Other (specify): \_\_\_\_\_

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

Title	Name, Address, City, State, Zip Code
President	Harlan Husa, 926 Road 7100, Hebron, NE 68370
Vice President	Chris Cullan 6731 Franklin Road, Hemingford, NE 69348
Treasurer	Emery Fox, P.O. Box 544, Crawford, NE 69339

### 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	2016	Highlander	5TDJKRFH6GS230617	11/16
Toyota	2016	Tacoma	3TMMU4FN8FM075664	11/16

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:

NCIA is a non-profit educational service organization operating by HR67 of NE Statues. We provide Certification of seeds and other services to all of NE Ag Industry and educational services to/with Cooperative Extension Service.

If No, give percentage of exempt use:

\_\_\_\_\_ %

Uses: Trade shows, inspector traing, field inspections, presentations, and meeting.

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

*Steve Krut*

Title

*Manager*

Date

*10-23-18*

### FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

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

DISAPPROVAL

Signature of County Treasurer

*Andy Nibby*

Date

*10/29/18*

### FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

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

DISAPPROVAL

Authorized Signature

Date

*[Handwritten mark]*