



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			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Street or Other Mailing Address 5401 South Street		County Lancaster		
City Lincoln	State NE	Zip Code 68506	State Where Incorporated NE	

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 Wilkowitz, 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	2018	Bus	1FDFF4FS5JDC06402	10/29/18

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:

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.

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 _____ Title **General Counsel** Date **11/6/18**

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

11-14-18

_____ Date _____

AS

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

_____ 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: Lincoln Katz Youth Group; Type of Ownership: Nonprofit Corporation; Name of Owner of Property: 912 Gaslight Lane; County Name: Lancaster; State Where Incorporated: NE; Street or Other Mailing Address: Lincoln NE 68521; Contact Name: David Breetzke; Phone Number: 402 429 6725; City: Lincoln; State: NE; Zip Code: 68521; Email Address: david.breetzke@charter.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include Terry Payne (President), Pat Hupp (Secretary), and David Breetzke (Treasurer).

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 Ford 2004 Club Wagon and Nissan 2015 Pathfinder.

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:

Purpose: to pick youth ages 6-14 for basketball practice/games. Transportation continues to be a problem for many households with children. We help by solving that issue.

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.

Authorized Signature: David Breetzke; Title: Treasurer; Date: 11/05/2018

For County Treasurer Recommendation

Approval

Comments:

Disapproval

Signature of County Treasurer: Andrew J. Stibitz; Date: 11-8-18

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

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.

Name of Organization NEBRASKA LUTHERAN CAMPUS MINI. CORP		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property 4720 Randolph STREET		County Name LANCASTER	State Where Incorporated NEBRASKA
Street or Other Mailing Address Lincoln - NEBRASKA 68510		Contact Name ROGER SASSE	Phone Number 402-432-2543
City Lincoln	State NEBRASKA	Zip Code 68510	Email Address rsasse@neb.vv.com

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
PRESIDENT	Jordan Kinnussen - 2377 Co. Rd 12 - Fremont 68021
SECRETARY	ROGER L. SASSE - 4325 N. 14 St - Lincoln 68521
TREASURER	Chad Montag - 3031 So 74 St. - Omaha 68106
EX DIRECTOR	Jon Fredricks - 12565 Ohio Circle - Omaha 68164

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
CHEVROLET	2018	CRUISE SEDAN	1G1BE5SM2J7213220	2018/11/1

Exempt Uses of Motor Vehicle:

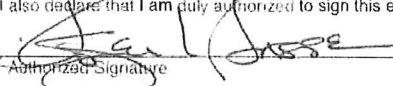
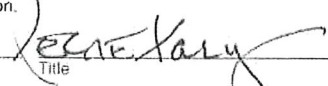
Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use: _____ %

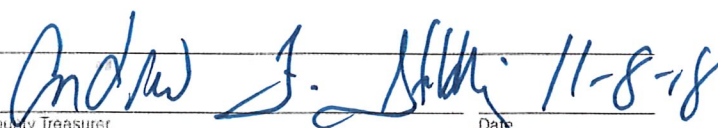
Give detailed description of use, including an explanation if multiple use classifications exist:
Executive Director State wide Adm and Fund-Raising Travel for NEB. Lutheran Campus Ministry Corp.
Thank you.

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  **Secretary**  **11/3/2018**

For County Treasurer Recommendation

Approval Comments: _____
 Disapproval

 **11-8-18**

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.



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 Catholic Social Services		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 2241 O Street		Contact Name Pat Walbrecht	Phone Number 402-474-1600
City Lincoln	State NE	Zip Code 68510	Email Address pwalbrecht@cssisus.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Bishop James D. Conley, 3400 Sheridan Avenue, Lincoln, NE 68508
Vice President	Msgr. Mark Huber, 3400 Sheridan Avenue, Lincoln, NE 68508
Secretary	Alan Slattery, 1128 Lincoln Mall suite 300, Lincoln, NE 68508
Treasurer	Brandon Kauffman, 555 South 10th Street, #103, 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
Honda	2012	Accord US EX	1HGCS1A70CA019415	11/8/18

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:

This vehicle will be used to transport clients and staff to scheduled appointments.

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 Pat Walbrecht Exec Assistant Nov 8, 2018
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Andy Skibby
Signature of County Treasurer

11-14-18
Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

Received Time Nov. 8. 2018 11:33AM No. 4452

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 Christian Heritage Children's Homes		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Christian Heritage Children's Homes		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 14880 Old Cheney Road		Contact Name Vicki Davis	Phone Number 402-421-5437, Ext. 406
City Walton	State NE	Zip Code 68461	Email Address Vicki.Davis@chne.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Brad Brown, 14880 Old Cheney Road, Walton, NE 68461
Vice President	Brian Rader, 14880 Old Cheney Road, NE 68461
Secretary/Treasurer	Julie Spader, 14880 Old Cheney Road, Walton, NE 68461

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 Sheet for Information				

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:

Transporting foster care youth, staff use for appointments with foster families and Nebraska Department of Health and Human Services (DHHS) case workers, transporting furniture and supplies for foster homes owned, and other transportation uses related to our exempt function to care for youth placed with Christian Heritage by Nebraska DHHS.

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 *Julie Spader*

Title *Secretary/Treas.*

Date *11/6/18*

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Signature of County Treasurer *Andrew J. Shultz* Date *11-8-18*

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature _____ Date _____

Please retain a copy for your records.

Julie Spader

Toyota	2007	Sienna CE/LE	5TDZK23C77S062229
Honda	2008	Accord Sedan EX	1HGCP36718AO29903
Toyota	2009	Avalon XL/XLX/Limit 4 door sedan	4T1BK36BB9U337708
Honda	2014	4 door utility	2HKRM4H30EH621671
Honda	2014	Civic Sedan	19XFB2F59EE031278
Honda	2015	Accord Sedan	1HGCR2F3XFA125124
Honda	2017	Accord Sedan	1HGCR2F39HA114599
Honda	2017	Accord LX (CVT) 4 door sedan	1HGCR2F31HA281877

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: CenterPointe, Inc. Type of Ownership: Nonprofit Corporation. Name of Owner of Property: 2633 P Street. County Name: Lancaster. State Where Incorporated: NE. Street or Other Mailing Address: Lincoln, NE 68503. Contact Name: Kristi McDonald. Phone Number: 402-475-8717. Email Address: kmcdonald@centerpointe.org

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows for Topher Hansen (CEO), Tami Lewis Ahrendt (COO), and Pat Meyer (CFO), all at 2633 P St, Lincoln, NE 68503.

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: Chevrolet, 2005, Cargo Van, 1VGC6G15X4S1190999, 9/30/18.

Exempt Uses of Motor Vehicle: Agricultural and Horticultural Society, Educational, Religious, Charitable (checked), Cemetery. Are the motor vehicles used exclusively as indicated? YES (checked), NO. Give detailed description of use: Transportation of goods maintenance equipment to program locations.

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. Signed: Kristi A. McDonald, Director of Admin. Serv., 10-30-18.

For County Treasurer Recommendation

Approval/Disapproval checkboxes. Comments: _____ Signature of County Treasurer: Cindy Sheldy, Date: 10/31/18

For County Board of Equalization Use Only

Approval/Disapproval checkboxes. Comments: _____ Authorized Signature: _____ Date: _____

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 Saint Paul United Methodist Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Saint Paul United Methodist Church		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 1144 M Street		Contact Name Sherry Waldman	Phone Number 402.477.6951
City Lincoln	State NE	Zip Code 68508	Email Address swaldman@saintpaulumc.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Steve McKelvey, 9221 Simi Ct., Lincoln, NE 68526
Vice President	Steve Bowen, 8934 Lammler Circle, Lincoln, NE 68526
Treasurer	Dave Wilcox, 5930 Culwells Road, 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
Chevrolet Truck E2T	2013	RWD 2500 135"	1GAWGRFA2D1122233	Dec 2018
Chevrolet Truck E2T	2013	RWD 2500 135"	1GAWGRFA4D1123254	

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:

To transport handicapped, elderly and other church members having no other means of transportation to Sunday services and other functions. Also used by youth, Scouts and other authorized church sponsored groups.

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

Sherry Waldman
Authorized Signature

Financial Secretary

11/5/218

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Andy Stibitz
Signature of County Treasurer

11-14-18
Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

[Handwritten Signature]

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
157

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
<i>See Attached</i>				
<i>Dodge Caravan</i>	<i>2007</i>	<i>4 DR WGN SVT</i>	<i>2D46P44L87R314259</i>	<i>10/6/18</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:

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

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

Paul Vinton

Title

Maintenance Supervisor

Date

11/6/18

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Signature of County Treasurer

Andrew J. Stokly

Date

11-8-18

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

[Handwritten mark]