

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 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 NE
Street or Other Mailing Address 2100 Judson Street		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

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	2017	Truck	1FVACWDT6HHHW6080	01/2018
Freightliner	2015	Truck	1FVACWDT2FHGC3023	01/2018
Freightliner	2019	Truck	3ALACWFC2KDKL1464	08/2018
Kenworth	2016	Truck	2NKHHM6X4GM486959	01/2018

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:

Trucks are used to transport donated goods and recyclables

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 *Micki Nolan*

CFO

Title

12/13/2018

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Signature of County Treasurer *Candice Meredith, Chief Deputy* Date *12/14/18*

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature _____ Date _____

Please retain a copy for your records.

CW

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 People's City Mission		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property People's City Mission		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address PO Box 80636, 110 Q St		Contact Name Dorothy Eisey	Phone Number 402-475-1303
City Lincoln	State NE	Zip Code 68501-0636	Email Address delsey@pcmlincoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Chief Executive Officer	R. Thomas Barber, 2824 Homeland Pl, Lincoln, NE 68621
Chief Operating Officer	Amy Pappas, 2904 S 59th St, 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
Chevrolet	1981	Chevy Van	1GCEG26H6B7120908	01/01/2019
Ford	1995	Cargo Cutaw	1FDKE37H2SHA73331	01/01/2019
Star	2016	Bus	1FDEE3FL9GDC21945	01/01/2019
Ford	2003	Utility	1FMZU77E73UA31678	01/01/2019
Buick	2005	Sport Util Veh	3G6DB03E05S528146	01/01/2019

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:
1981 Chevrolet - used to pickup and delivery, and administrative transportation
1995 Ford - used to pickup and delivery, and administrative transportation
2016 Star - used for client and administrative transportation
2003 Ford - used to pickup and delivery, and administrative transportation
2005 Buick - used for client and administrative 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 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 

Accounting Director

12/12/2018

Title

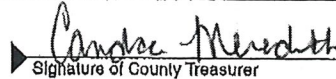
Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Signature of County Treasurer 

Date 12/14/18

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 People's City Mission		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property People's City Mission		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address PO Box 80636, 110 Q St		Contact Name Dorothy Eley	Phone Number 402-475-1303
City Lincoln	State NE	Zip Code 68501-0636	Email Address delsey@pcmlincoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Chief Executive Officer	R. Thomas Barber, 2824 Homeland Pl, Lincoln, NE 68521
Chief Operating Officer	Amy Pappas, 2904 S 59th St, 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
Toyota	2004	4dr Sedan	1NXBR32E14Z249555	01/01/2019
Ford	2004	Bus	1FBSS31L14HA07404	01/01/2019
GMC	1988	Subrb/CarryAll	1GKEV16K4JF539083	01/01/2019
Carry On Trailer	2014	Utility Trlr	4YMUL1017EM004163	01/01/2019
Ford	2001	Plokup	1FTZF17251NA24351	01/01/2019

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:

2004 Toyota - used to pickup and delivery, and administrative transportation
 2004 Ford - used to pickup and delivery, and administrative transportation
 1988 GMC - used to pickup and delivery, and administrative transportation
 2014 Carry On - used to move shelter property and donations
 2001 Ford - used to pickup and delivery, and administrative 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 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

Accounting Director

12/12/2018

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Signature of County Treasurer

12/14/18
Date

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: People's City Mission; Type of Ownership: Nonprofit Corporation; County Name: Lancaster; State Where Incorporated: NE; Contact Name: Dorothy Eley; Email Address: delsey@pcmlincoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Includes Chief Executive Officer R. Thomas Barber and Chief Operating Officer Amy Pappas.

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

Table with 5 columns: Motor Vehicle Make, Model Year, Body Type, Vehicle ID Number, Registration Date or Date of Acquisition, If Newly Purchased. Lists Ford, Toyota, and Ford vehicles.

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: 1995 Ford - used to pickup and delivery, and administrative transportation...

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.

sign here

Authorized Signature

Accounting Director

12/12/2018

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

Signature of County Treasurer: Candace Meredith

Date: 12/14/18

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Handwritten initials

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

**FORM
457**

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

Name of Organization People's City Mission		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property People's City Mission		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address PO Box 80636, 110 Q St		Contact Name Dorothy Eisey	Phone Number 402-475-1303
City Lincoln	State NE	Zip Code 68501-0636	Email Address delsey@pcmlincoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Chief Executive Officer	R. Thomas Barber, 2824 Homeland Pl, Lincoln, NE 68521
Chief Operating Officer	Amy Pappas, 2904 S 59th St, 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	1995	Pickup	1FTEF15H0SLB64010	12/26/2018

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 pickup and delivery, and administrative 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 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

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

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: Great Plains Annual Conference of The United Methodist Church. Type of Ownership: Nonprofit Corporation. County Name: Lancaster. State Where Incorporated: Kansas. Contact Name: Patrick McKaig. Phone Number: 785-272-9111. Email Address: pmckaig@greatplainsumc.org.

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include President (Loyd Hamrick), Vice-President (Rev. Neil Gately), Secretary (Jenelle Erb), and Treasurer (Scott Brewer).

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 Toyota Camry (2016, Sedan) and Toyota RAV4 (2018, SUV).

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

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.

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.

Signature: Patrick McKaig, Title: Property Coordinator, Date: 12/13/2018.

For County Treasurer Recommendation

Approval: [checked] Approval. Comments: Signature of County Treasurer: Candace Meredith, Chief Deputy, Date: 12/14/18.

For County Board of Equalization Use Only

Approval: [] Approval. Comments: Authorized Signature: _____ Date: _____

Please retain a copy for your records.

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 CEDARS Youth 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 NE
Street or Other Mailing Address 66001 Pioneers Blvd. Ste 1		Contact Name Kerrie Saunders Jones	Phone Number 402-437-8842
City Lincoln	State NE	Zip Code 68506	Email Address ksaunders@cedars-kids.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Chair: Melissa Newton	1111 Lincoln Mall, Lincoln, NE 68508
Vice Chair: Katie Mach	One Talent Plus Way, Lincoln, NE 68506
Vice Chair: Jill Gradwohl Schroeder	1240 O Street, Ste 600, 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
Dodge Grand Caravan	2018	Van	2C4RDGB9JR152915	12/10/18

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:

Transportation of children to school, appointments, and meetings/outings. Also, used in the operation of services.

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

Assoc. Dir. of Support Services
12/11/18
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Chief Deputy
12/14/18
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

 Authorized Signature Date

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 St. Joseph Catholic Church and School		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 7900 Trendwood Dr		Contact Name Ann Wackel	Phone Number 4024832288
City Lincoln	State NE	Zip Code 68506	Email Address ann-wackel@cdo-inc.net

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President	Bishop James D. Conley, 3400 Sheridan Blvd, Lincoln, NE, 68506
Vice President	Msgr. Mark Huber, 3400 Sheridan Blvd, Lincoln, NE, 68506
Secy/Treasurer	Fr. Michael G. McCabe, 7900 Trendwood Dr., Lincoln, NE, 68506
Trustees	Gayle Morin, 6600 Rexford Dr., Lincoln, NE, 68506; Walter Zink, 3541 Firehorn Ter, Lincoln, NE, 68520

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-Haul Trailer	1994	4 Wheel	WHU-BRO	01/2017
Single Axel Flatbed	2010	10'x8'	No VIN	01/2017
Dodge Grand Caravan	2012	4 door wagon	2C4RDGCG6CR329440	01/2017

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:
Religious use for Church and School

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 → Michael G. McCabe Pastor 12-19-2018
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Disapproval

Candice Meredith 12/19/18
 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.
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FORM
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Name of Organization Doane University		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Same		County Name Saline	State Where Incorporated Nebraska
Street or Other Mailing Address 1014 Boswell Ave		Contact Name Brian Flesner	Phone Number 402-826-8653
City Crete	State NE	Zip Code 68333	Email Address brian.flesner@doane.edu

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Fleet Manager	Mike Hatfield, same as above
CFO	Julle Schmidt, same as above
Director of Facilities	Brian Flesner

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
Chevy Truck	2006	Reg Cab	3GCEC14X46G271688	9/28/2017

Exempt Uses of Motor Vehicle:

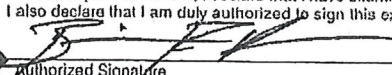
Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:
Used for educational purposes only, retrieve materials for campus, transport staff and faculty

If No. give percentage of exempt use:
_____ %

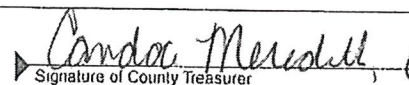
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  Director of Facilities 12-20-18
Authorized Signatory Title Date

For County Treasurer Recommendation

Approval Comments: _____

Disapproval

 Chief Deputy 12/21/18
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 St. Elizabeth Reg Med Center DBA Chi Health St. Elizabeth		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property CHI Health St. Elizabeth		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 555 South 70th St.		Contact Name Dawn Randall	Phone Number 402-219-7020
City Lincoln	State NE	Zip Code 68510	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President	Derek Vance, 200 S. 68th Place, Lincoln, NE 68510
Chairman	Thomas Champoux, 1128 Lincoln Mall, Suite 200, Lincoln, NE 68510
Vice Chairman	Tim Aschoff, 400 NW 56th St., Lincoln, NE 68528
Secretary/Treasurer	None

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				

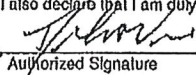
Exempt Uses of Motor Vehicle:
 Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

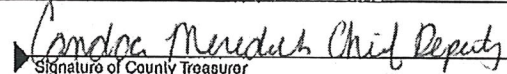
Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
 _____ %

Give detailed description of use, including an explanation if multiple use classifications exist:
 These vehicles are used to transport employees and equipment for hospital business

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 President Date 12/19/18

For County Treasurer Recommendation	
<input checked="" type="checkbox"/> Approval	Comments: _____
<input type="checkbox"/> Disapproval	_____
 Signature of County Treasurer Date 12/28/18	

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.



SERMC AUTO LISTING

Year	Color	Make	Model	Location	Tax Exemption	VIN Number
1970	Green	Chevy Dump Truck	C52	Power Plant	Exempt	CE530P168374
1999	Tan	Ford Pickup	F2S	Power Plant	Exempt	1FTNF21S3XED38764
2002	White	Ford Van	15V	Maintenance	Exempt	1FTRE14WX2HA42340
2002	White	Nissan Pathfinder	LSE	Maintenance	Exempt	JN8DR09Y42W736346
2006	Burg	Ford	SLS	Security	Exempt	1FMYU02Z46KD24998

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 The Salvation Army		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property The Salvatin Army		County Name Lancaster County	State Where Incorporated Nebraska
Street or Other Mailing Address 2625 Potter Street		Contact Name	Phone Number 4024746263
City Lincoln	State NE	Zip Code 68505	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Corp Officer	Mark Anderson 2625 Potter Street Lincoln, NE 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	2016	Transit	1fbzx2ym2gka01613	1-1-2019
Ford	2016	Transit	1fbzx2ym4gka01614	1-1-2019
Chevy	2016	Traverse	1gnkrgkd8gj150764	1-1-2019
Ford	2015	C-Max	1fadp5au9ff104091	1-1-2019

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:

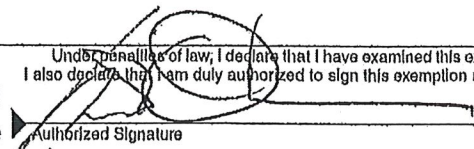
All vehicle are used for Social Service and youth programs, Clilents and donors visitation.

If No, give percentage of exempt use:

_____ %

All vehicle 100%
except Cmax at 75%

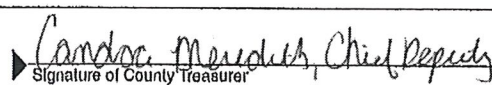
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete.
I also declare that I am duly authorized to sign this exemption application.

sign here  _____ Title **Corp Officer** Date **12-14-2018**

For County Treasurer Recommendation

Approval Comments: _____

Disapproval

 _____ Date **12/28/18**

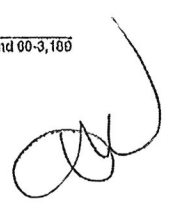
For County Board of Equalization Use Only

Approval Comments: _____

Disapproval

_____ Date _____

Please retain a copy for your records.



Instructions

Who May File. Any organization or society may file for a motor vehicle tax exemption if:

1. The motor vehicle is owned by and used exclusively for agricultural and horticultural societies; or
2. The motor vehicle is:
 - a. Owned by an educational, religious, charitable, or cemetery organization, or any organization for the exclusive benefit of any educational, religious, charitable, or cemetery organization;
 - b. Used exclusively for educational, religious, charitable, or cemetery purposes;
 - c. Not owned or used for financial gain or profit to either the owner or user;
 - d. Not used for the sale of alcoholic liquors for more than 20 hours per week; and
 - e. Not owned or used by an organization which discriminates in membership or employment based on race, color, or national origin.

Each motor vehicle must be listed separately to qualify for tax exempt status.

Please note: Exemption from motor vehicle tax does not exempt the motor vehicle from sales and use taxes or wheel tax.

When and Where to File. All applications for exemption must be filed with the county treasurer of the county in which the motor vehicle is subject to tax, not more than 15 days before and not later than 30 days after the registration date of the motor vehicle. For a newly-acquired motor vehicle, the application must be made within 30 days of the date of purchase. Exempt status for a motor vehicle extends through one registration period. Failure to apply for tax exempt status within the allotted time is a waiver of the exemption for the registration year.

Appeal Procedures. If an application for exemption is disapproved by the county board of equalization, appeal may be made to the Tax Equalization and Review Commission within 30 days of the final decision of the county board of equalization (board).

Specific Instructions

Indicate primary use of the motor vehicle by marking the appropriate block. State in detail the use of the motor vehicle and explain any circumstances existing when the motor vehicle may have multiple use classifications. If the motor vehicle is not used exclusively as indicated, give the approximate percentage of exempt use.

The completed Application for Exemption, Form 457, is retained by the county clerk after action by the board. The county treasurer may make copies for their records.

** Additional information.*

Year	Make	Model	VIN	Registration Date
2017	Ford	F150 super	1ftex1cb8jfa35582	1/1/2019
2014	Express Cutaway	G3500 (Bus)	1gb3g2bg6e1182761	1/1/2019
2008	Utilimaster Utilivan	Canteen	1FDXE45S58DA96130	1/1/2019
2005	TN trailers	Enclosed	5JXST14236S190350	1/1/2019

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 C&MA		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property MiddleCross Church/Rosemont DayCare & Preschool		County Name Lancaster	State Where Incorporated
Street or Other Mailing Address 2600 N 70th		Contact Name Dawn Nider	Phone Number 402-466-2523
City Lincoln	State NE	Zip Code 68516	Email Address rosemontdaycareandpreschool@gmail.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Lead Pastor	Jeff Wiesinger, 2322 North 87th Street, Lincoln NE 68507
Treasurer	Gerald Frieburg, 2020 Riveria Drive, Lincoln NE 68506
Director of Childcare Center	Dawn Nider, 4935 Huntington Avenue, 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
Ford	2016	Transit Van	1FBZX2ZM6GKA98281	11/14/2018
Ford	2015	Transit Van	1FBZX2ZM0FKA26443	1/2018
Ford	2003	Eco Line Van	1FBSS31SX3HB32391	1/2018
Ford	1997	Eco Line Van	1FBJS31S9VHB17427	1/2018

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use:

_____ %

Give detailed description of use, including an explanation if multiple use classifications exist:
Transportation of children and adults in the childcare center and for other religious and educational groups of the church.

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

*Director of Church
Lead Pastor*

12/03/2018

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Candice Meredith Chief Deputy *12/21/18*
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

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 ZION CHURCH		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property ZION CHURCH		County Name LANCASTER	State Where Incorporated Nebraska
Street or Other Mailing Address 5511 S 27th ST		Contact Name Lynn Locklear	Phone Number 402.476.2524
City LINCOLN	State NE	Zip Code 68512	Email Address Office@zionpc.com

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President Secretary	Stuart Kerns, 12670 S 25th Roca NE 68430
Treasurer	John Anderson 12700 NW 27th ST Raymond NE 68428
	Jon Jonson 6500 Rolling Hills CT LINCOLN NE 68512

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 Econline	2008	Bus 12-pass	1FBNE31L98D - B11172	1/2019 - 1/2020

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:
Mission trips, youth ministry, college mission trips, church conferences

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 *Lynn Locklear* *Office Manager* *12/17/2018*
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____
 Disapproval

Camelia Mendez *Chief Repert* *12/21/18*
 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.

TL

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 Trinity Lutheran Church and School		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Trinity Lutheran Church		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 724 S. 12th Street		Contact Name Sharon Bliemeister	Phone Number 402-474-0606
City Lincoln	State NE	Zip Code 68508	Email Address sbliemeister@trinityoflincoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Property Manager	Jesse Soenksen, 4227 L St, Lincoln, NE 68510
Treasurer	Steve Taege, 5145 M St, 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
GMC	1998	3/4 T Truck	1GTGK29J7WE501141	11/21/2018
Ford Econoline	2005	Bus	1FBSS31S05HA58580	1/30/2018
Ford Econoline	2009	Bus	1FBNE31L49DA28024	1/30/2018
Freightliner	2007	Bus	4UZABRCT17CW18490	1/30/2018

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

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

GMC-1998 - Transport materials and personnel between vendors, church and school.
Ford Econoline-2005 - Transport school and early childhood program children for activities, transport church members to church services.
Ford Econoline-2009 - Transport early childhood program children for activities, transport church members to church services.
Freightliner - Transport school and early childhood program children for 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 Sharon Bliemeister Finance Assistant 12/18/2018
Authorized Signature Title Date

For County Treasurer Recommendation	
<input checked="" type="checkbox"/> Approval	Comments: _____
<input type="checkbox"/> Disapproval	_____
<u>Candace Meredith</u> Chief Deputy <u>12/21/18</u> Signature of County Treasurer Date	

For County Board of Equalization Use Only	
<input type="checkbox"/> Approval	Comments: _____
<input type="checkbox"/> Disapproval	_____
_____ Authorized Signature Date	

Please retain a copy for your records.

aw

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 Oak Lake Evangelical Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 3300 N. 1st Street		Contact Name Pastor Jason Thacker	Phone Number 402-474-3344
City Lincoln	State NE	Zip Code 68521	Email Address olefc@oaklake.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Pastor	Jason Thacker, 1727 Oakdale Avenue, Lincoln, NE 68506
Pastor	Dale Ribble, 512 Oregon Trail, Lincoln, NE 68521
Secretary	Harold Smith, 9305 Raymond Road, Lincoln, NE 68517
Chairman	Jerry Haas, 6135 S. 44th 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
Ford Econoline	2002	15 passenger	1FBSS31512HB47389	Jan 2018

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?

- YES NO

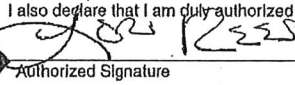
Give detailed description of use, including an explanation if multiple use classifications exist:

Church functions; Awana/youth/over 55 group

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

Church Secretary

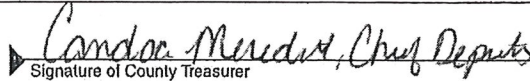
12-14-18
Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval


Signature of County Treasurer

12/17/18
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 Wyuka Cemetery and Funeral Home			Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): Public Charitable
Street or Other Mailing Address 3600 O Street		County Lancaster	
City Lincoln	State NE	Zip Code 68510	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Michael B. Williams, 3600 O Street, 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
Concrete Dump Trailer	2017	Dump	1R9BD052XHT522003	1/19
Dodge	2008	GCS	108HN44HX8B136892	1/19
Cadillac	2011	DTS	1G6KD5E68BU105455	1/19
Cadillac	2019	XTS Hearse	2GEXG7U32K9500197	1/19
Ford	2005	F1S	1FTPW14545KC76556	1/19

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

Give detailed description of use, including an explanation if multiple use classifications exist:
All vehicles listed are used expressly for the cemetery and/or funeral home.

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 Williams
Authorized Signature

President

12/17/2018

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Candice Meredeth, Chief Deputy 12/17/18
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

(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.

FORM
457

Applicant's Name Wyuka Cemetery and Funeral Home			Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): Public Charitable
Street or Other Mailing Address 3600 O Street		County Lancaster	
City Lincoln	State NE	Zip Code 68510	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Michael B. Williams, 3600 O Street, 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
Chevrolet	1997	GK1	1GCEK14R4VZ116822	1/19
Ford	1999	RNS	1FTZR15X7XPB07413	1/19
H&H	2006	2WH	4J6US121X6B080847	1/19
Chevrolet	1987	R30	1GBHR34KXH5135254	1/19
Chevrolet	2004	K2500	1GCHK24U24E272659	1/19

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

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

All vehicles listed are used expressly for the cemetery and/or funeral home.

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 Williams

Authorized Signature

President

Title

12/17/2018

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Candace Meredith Christ Reports

Signature of County Treasurer

12/17/18

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.

FORM
457

Applicant's Name Wyuka Cemetery and Funeral Home			Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): Public Charitable
Street or Other Mailing Address 3600 O Street		County Lancaster	
City Lincoln	State NE	Zip Code 68510	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Michael B. Williams, 3600 O Street, 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
Ford	1986	F80	1FDNF82J4GVA38488	1/19

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

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

All vehicles listed are used expressly for the cemetery and/or funeral home.

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 Williams
Authorized Signature

President

12/17/2018
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Carolee Mendez, Chief Deputy
Signature of County Treasurer

12/17/18
Date

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.

FORM
457

Name of Organization University of Nebraska Foundation		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property University of Nebraska Foundation		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 1010 Lincoln Mall, Suite 300		Contact Name Chet Poehling	Phone Number 402-458-1163
City Lincoln	State NE	Zip Code 68508	Email Address chet.poehling@nufoundation.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President & CEO	Brian Hastings, 1010 Lincoln Mall, Suite 300, Lincoln, NE 68508
Sr. VP & General Counsel	Keith Miles, 1010 Lincoln Mall, Suite 300, Lincoln, NE 68508
Assistant Corporate Secretary	Chet Poehling, 1010 Lincoln Mall, Suite 300, 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
Toyota RAV4	2018	LE	JTMBFREV3JD248172	11/30/2018

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

Give detailed description of use, including an explanation if multiple use classifications exist:
Vehicle will be used for transportation to fundraising events, for donor visits, and in furtherance of other business of the University of Nebraska Foundation in its mission to support the University of Nebraska.

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.
University of Nebraska Foundation
Authorized Signature: *Chet A. Poehling* Title: *Asst. Corp. Secretary* Date: *12/17/18*

For County Treasurer Recommendation	
<input checked="" type="checkbox"/> Approval	Comments: _____
<input type="checkbox"/> Disapproval	_____
<i>Candace Meredith, Chief Deputy</i> Signature of County Treasurer Date: <i>12/21/18</i>	

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

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

Name of Organization: St. Paul's Lutheran Church Type of Ownership: Nonprofit Corporation Other (specify): _____

Name of Owner of Property: 375 S. Lincoln St, PO Box 94 County Name: Lancaster State Where Incorporated: Nebraska

Street or Other Mailing Address: Malcolm NE 68402 Contact Name: Kathy Finke Phone Number: 402-310-2983

City: Malcolm State: NE Zip Code: 68402 Email Address: finkekk@newmstream.net

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
<u>President</u>	<u>Larry Dvorak, 8700 NW 140, Malcolm NE 68402</u>
<u>Treasurer</u>	<u>Kathy Finke, 8600 NW 126, Malcolm NE 68402</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>Ford</u>	<u>2003</u>	<u>Econoline Van E-350</u>	<u>1FB5531553HB32394</u>	<u>1/2018</u>

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:

transport kids for Wednesday school, Bible School and other church activities

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

Kathy L. Finke Treasurer 12-26-18
Authorized Signature Title Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Condoe Meredith Chief Deputy 12/28/18
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.

[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.

FORM
457

Name of Organization Union College		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Union College		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 3800 S. 48th St.		Contact Name Chris Canine	Phone Number 402-486-2502
City Lincoln	State NE	Zip Code 68506	Email Address transportation@ucollege.edu

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President	Vinita Sauder, 3800 S. 48th St., Lincoln, NE 68506
VP Financial Administration	Steve Trana, 3800 S. 48th St., Lincoln, NE 68506
VP Academic Administration	Frankie Rose, 3800 S. 48th St., 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)				(Jan. 2019)

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

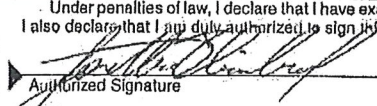
Give detailed description of use, including an explanation if multiple use classifications exist:

Vehicles are used: in the maintenance of the campus; procurement of supplies; and transportation of our students.

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

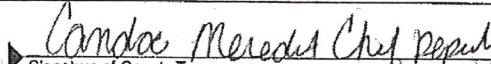
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here  _____ Controller **12/20/18**
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Disapproval

 _____ **12/28/18**
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.

AW

Motor Vehicle Make	Model Year	BODY TYPE	Vehicled ID Number	DEPT. ASSIGNED	COLOR	Plate
VW Bus	1967	Bus	227144747.00	Historic	Wrap	
Chevy 1 1/4 Ton Truck	1985	Truck	1GCGD34J8FF351462	Plant Service	Camo	2571
Chevy 1 1/4 Ton Truck	1986	Truck	1GBHD34J4GF422540	Plant Service	Tan/Green	2572
Ford Ranger	1993	Pick up	1FTCR10A3PUD65566	Plant Service	Green	2573
Ford Ranger	1994	Pick up	1FTCR10AXRPA16325	Plant Service	Blue	2574
Ford Pickup	1996	Pick up	1FTHX25H6TEA80226	Campus ministry	Gray/White	2575
GMC	1997	Cargo Cutaway	1GDKP32Y5V3503114	Union Market	White	2576
GMC Sonoma PU	1998	Pick up	1GTC51448WKS23855	Plant Service	Dk Blue	2578
Chevy Cargo Van	1999	Van	1GCGG25W8X1100791	Plant Service	Black	2579
Chevy Step Van	1999	Van	1GBHG31F2X109090957	Plant Service	Blue	2580
MCI	1999	BUS	1M8TRMPA4XP060486	Transportation	White Wrap	UGV 072
Ford DRW Super Duty F350 (12 ton)	2000	Pick up	1FDWF36FOYEB79799	Plant Service	White	2581
Chevy Cargo Van	2000	Van	1GCFG15W9Y1147450	Plant Service	White	2582
Ford Escape	2004	Sports Utility	1FMYU03144KA15442	Plant Service	Dark Blue	2583
Ford Van	2005	Passenger Van	1FBNE31LX5HA65565	Transportation	White	UGV 070
Ford Econoline E350 van	2006	Passenger Van	1FBNE31L46DB40981	Transportation	White	UGV 067
Ford Econoline E350 van	2011	Passenger Van	1FBNE3BL7BDA67775	Transportation	White	UGU 994
H&H Trailer (for VW)	2012	Trailer	533TC2622CC211600	Enrollment Svcs	White	XPJ 293
Haulmark Trailer (7'x12')	2013	Trailer	16HPB1222DH202284	IRR	Black	XPJ 294
H&H Trailer Transportation	2015	Trailer	533TC1227FC44354	Transportation	White	XJP 295
Ford Transit T-350	2016	Passenger Van	1FBZX2CG8GKA83476	Transportation	White	UGU995
Dump Trailer	2016	Trailer	4ZEDT1423G1102385	Plant Service		XPJ 297
H&H Horton Hauler	2017	Trailer	SE2B11426H1055041	Gymnastics	TAN	XPL 398

12/20/2018



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: School Sisters of Christ the King

Street or Other Mailing Address: 4100 SW 56TH ST

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 Conley PO Box 80328 Lincoln, NE 68501
Vice President	Mother Joan Paul 4100 SW 56 TH ST Lincoln, NE 68522
Treasurer	Sister Margaret Mary 4100 SW 56 TH 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
Nissan	2017	Hatchback	3N1CE2CP9HL367036	11-28-18

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:

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

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 Mother Joan Paul, C.K. Vice President 11/28/18
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Condoc Mendez, Chief Deputy 12/14/18
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Authorized Signature _____ Date _____

ELU



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 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
See attached listing				

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 12/13/18
Authorized Signature

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____
 DISAPPROVAL _____

_____ Date 12/14/18
Signature of County Treasurer

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____
 DISAPPROVAL _____

_____ Date _____
Authorized Signature

2019 Madonna Rehabilitation Hospital					
MAKE	YEAR	MODEL	VIN #	2018 Totals	2017- Plate #
Dodge	2014	GSX	2C4RDGCG0ER328447	\$94.50	2524
Chevrolet	2014	Impala LTZ	2G1155S33E9160454	\$94.50	2025
Buick	2003	CCU	2G4WS52J931182776	\$94.50	2009
Ford	2014	E350 SD	1FDWE3FL8EDA13010	\$141.50	2015
Chevrolet	2014	Handicap Van	1GB3G3BG8E1165501	\$109.50	UGV033
Chevrolet	2013	Express Van	1GAWGRFA9D1191940	\$109.50	UGV023
Chevrolet	2014	Handicap Van	2C7WDGBG2ER220354	\$94.50	2010
Ford	2010	E4FF	1FDFE4FS5ADB00774	\$109.50	UGV031
Ford	2013	E450	1FDFE4FS1DDA23065	\$109.50	UVG021
Ford	2004	E35	1FDWE35S44HB50753	\$94.50	UVG024
Ford	2006	E350 - E450	1FDXE45S06DA40562	\$109.50	UGV026
Ford	2006	E350 - E450	1FDXE45S36DA40569	\$109.50	UGV027
Ford	2008	E450	1FD4E45S48DB56840	\$109.50	UVG028
Ford	2004	E350	1FDWE35S24HB50752	\$134.50	2011
Ford	2010	E450	1FDFE45S09DA01060	\$109.50	UGV030
Ford	2010	E4FF	1FDFE4FS9ADB00776	\$109.50	UGV032
Ford	2013	E450	1FDFE4FS3DDA23066	\$109.50	UGV022
Ford	2000	4DC	1FDXE45S6YHA76073	\$109.50	UGV029
Ford	2018	Impulse 220	1FDFE4FS5JDC06402		
Ford	2017	E450	1FDFE4FS3HDC52787	\$124.50	UGR 969
Ford	2014	Fusion	3FA6P0HD3ER136052	\$94.50	2007
Ford	2015	Fusion	3FA6P0HD0FR127617	\$94.50	2004
Ford	2015	Fusion	3FA6P0HD9FR182759	\$94.50	2005
Ford	2016	Fusion	3FA6POHD6GR264305	\$94.50	2006
Ford	2017	Fusion	3FA6P0HD9HR254367	\$94.50	2017
Ford	2018	Fusion	3FA6P0HDXJR267781	\$20.50	2002
Ford	2017	Focus	3FA6P0HD4HR179397	\$116.10	
Chrysler	2001	Town & Country	2C8GP54391R331029	\$94.50	2008
Dodge	2008	Caravan	2D8HN44H78R770954	\$94.50	2012
Chevrolet	1992	GK2	1GCFK24K0NZ176027	\$134.50	2016
Ford	2012	F250	1FTBF2B60CED17014	\$141.50	2017
GMC	2009	C25 Full Size	1GTHK44K49E119881	\$134.50	2019
Buick	2008	LaCrosse	2G4WD582X81257342	\$94.50	2003
Ford	1999	E350	1FBSS31L2XHC00455	\$109.50	UVG019
Ford	2011	Fusion	3FAHP0JG7BR245204	\$94.50	2014
Ford	2011	Fusion	3FAHP0JG9BR225858	\$94.50	2013

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 North American Martyrs Church/School		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 1101 Isaac Drive		Contact Name Connie Stephens	Phone Number 402-476-7373
City Lincoln	State NE	Zip Code 68521	Email Address connie-stephens@cdollinc.net

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Most Rev James Conley, 3400 Sheridan Blvd, Lincoln NE 68501
Secretary	Msgr Timothy Thorburn, 3400 Sheridan Blvd, Lincoln NE 68501
Secretary	Father Brian Connor, 1101 Isaac Drive

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 Camry	2012	4 dr Sedan	4T4BF1FK3CR191966	12/11/2018

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:

Roman Catholic Sisters use the car for transportation to and from school and school activities

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

Connie Stephens
Authorized Signature

Finance Manager

12/11/18

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Concetta Meredith, Chief Deputy
Signature of County Treasurer 12/14/18
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.

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Name of Organization Nebraska Wesleyan University		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Nebraska Wesleyan University		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 5000 St. Paul Ave		Contact Name Benjamin Dahl	Phone Number 402-465-2183
City Lincoln	State NE	Zip Code 68504	Email Address bdahl@nebrwesleyan.edu

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President	Fred Ohles 5000 St. Paul Ave. Lincoln, NE 68504
VP - Finance	Tish Gade-Jones 5000 St. Paul Ave. Lincoln, NE 68504
Contoller	Greg Maschman 5000 St. Paul Ave. 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
See attached list	See attached list	See attached list	See attached list	See attached list

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 by employees for the business of carrying out their assigned duties. Employees are not allow to use the vehicle for personal purposes.

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 → Tish Gade-Jones VP-Finance 12/19/2018
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____
 Disapproval

→ Camdae Meredith Chief Deputy 12/28/14
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Comments: _____
 Disapproval

→ _____ Date

Handwritten initials: CW

TYPE	MAKE/YEAR	BODY TYPE	COLOR	VEHICLE NUMBER
Chevy	Malibu/2018	4 door	Black	1G1ZB5ST0JF111922
Chevy	Malibu/2010	4 door	Black	1G1ZB5EBXA4149477
Chevy	Malibu/2011	4 door	Gold	1G1ZB5E13BF269067
Chevy	Malibu/2017	4 door	White	1G1ZB5ST0HF147605
Chevy	Malibu/2017	4 door	White	1G1ZB5ST4JF143413
Infiniti	G35/2005	4 door	Blue	JNKC51F35M313153
Chevy	Impala/2007	4door	Silver	2G1WT58K079169206
Chevy	Malibu/2010	4 door	Black	1G1ZB5EBXAF195220
Chevy	Impala/2007	4 door	Bronze	2G1WB58K879378969
Honda	Insight EX/2010	4 door HB	White	JHMZE2H78AS007658
Chevy	Impala/2007	4 door	Blue	2G1WT58K479158788
Chevy	Impala/2005	4 door	Sandstone	2G1WF52E059311755
Chevy	Impala/2005	4 door	Sandstone	2G1WF52E759390826
Chrysler	Town & Country/2006	Van		2A4GP44R76R821969
Chevy	Impala/2016	4 door	White	2G1115S35G9101811
A G&M Alley	4-Wheel cat			97122
R &W	2-Wheel	Trailer	Black	4RWUS1012BN044525
Ford	F-150/2008	2 door	White	1FTEX1EW3AKB46130
Chevy	Impala/2004	4 door	White	2G1WF52E849235149
Chevy	Express Van/2008	Van	White	1GAHG35K581127125
Chevy	Express Van/2018	Van	White	QGAWGFFG2J1168112

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

Name of Organization ALLON CHAPEL SDA CHURCH		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property CENTRAL STATES CONFERENCE		County Name LANCASTER	State Where Incorporated KANSAS
Street or Other Mailing Address PO BOX 67158		Contact Name PASTOR M. LARIVAUX	Phone Number 402-476-7014
City LINCOLN	State NE	Zip Code 68506	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
PRESIDENT	ROGER BERNARD 3301 PARALLES PARKWAY KANSAS CITY, KS 66104
V. PRESIDENT	TONYA ANDERSON 3301 PARALLEL PARKWAY KANSAS CITY, KS 66104

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
CHEVORLET	2002	G30 CARGO VAN	IGCHG35R621245308	01/2018
CHEVORLET	2008	PASSENGER SPORT VAN	IGACHG35K681221384	01/2018

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:

CARGO VAN-Used to further the mission of Allon Chapel Church in delivering food to underprivileged

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

[Signature]

Church Treasurer

12/12/18

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

[Signature]
Signature of County Treasurer

12/14/18
Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

[Handwritten initials]