NEBRASKA		ication for					FORM
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations • To be filled with your county reasurer. • To be filled with your county reasurer.						457	
Name of Organization	11101011	• Read instructions of	ype of Owr	nership			107
Name of Owner of Property	- unwin	INC	Nonp ounty Nam	rofit Corpo	oration Othe	(specify):	ncorporated
4840 Doris	Barcu	de SteA	Ai	icas	to	State Where I	ncorporated
Street or Other Mailing Address	NE.	1010-61	Contact Nar		Sheed	Phone Number	966-8170 ex
City	State	Zip Code E	mail Addre	ess ,	2/4		od bank. or
le	dentify Officers, D	irectors, or Partner			ofit Organization	<i>16) +00</i> 0 on	od Bunk. Or
President VIXE President	Name, Address, City, S	late, Zip Code	tived	trens	Nenters	for the A	hild and lommund
Treasurer	Pon Jeste	r, labent	A ASS	DOLA	tes UC	104 THIC CA	war wa wallandigt
		escription of the M					
	•At	tach an additional sh	eet, if ne	cessary.			Registration Date or
Motor Vehicle Make	Model Year	Body Type			Vehicle ID Numb	oer	Date of Acquisition, if Newly Purchased
FORD 753	2018	THICK	111	1F105	F5KY8	JOA072	37 12/10/18
		<i></i>	490				
Exempt Uses of Motor Vehicle: Agricultural and Horticultural Society	Educational	Religious	Cha	ritable	Cemetery	Are the motor as indicated?	vehicles used exclusively
Give detailed description of use, including an	explanation if multiple u	se classifications exist:	, .			YES	□NO
	fool		レード	nco	ne		
Partitus.		•				If No, give pero	centage of exempt use:
tarnities.							
Under penalties of law, I de las declare that I am duly au			on and, to t		0	beliet, it is correc	ct and complete.
here Authorized Signature		 	YECL	tiob	Drubotes		(7/8)
THE TO THE PART OF	Fo	r County Treasurer R	ecomme	ndation			3
,							
☐ Approval	Comm	nents:					
Disapproval			>				
		Jack		12	Jarr		1-9-19
	F	Signature of Co			lu		Date
	101	County Board of Equ	anzanon	036 011	y		

Nebraska Department of Revenue 96-253-2006 Rev. 7-2018 Supersedes 96-253-2006 Rev. 8-2011

☐ Approval

Disapproval

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d). and 60-3,185, and 60-3,189

Authorized Signature

Comments: _

Nebraska Department of REVENUE f		cation for Exe Taxes by Qualifying N To be filed with your county Head Instructions on reverse	onprofit Organiz treasurer.	ations	FORM 457		
Applicant's Name		- rieau manucuona on reversi	o aido,		Type of Ownership		
HopeSpoke					Nonprofit		
Street or Other Mailing Address			County		Corporation		
2444 O Street				Lancaster	Other (specify):		
Cily		tate Zip Code	State Wi	here Incorporated			
Lincoln		IE 68510		NE			
IDEN	TIFY OFFICERS, DIREC	CTORS, OR PARTNERS OF T	HE NONPROFIT OR	GANIZATION			
Tille	Name, Address, City, St						
Executive Director	Kathryn McLeese St	ephenson, 2444 O Street, Lin	coln, NE 68510	·			
President		John Neal, 3600 Diablo Drive, Lincoln, NE 68516					
Secretary		homasbrook Lane, Lincoln, N					
Treasurer	Russ Ripa, 2421 Sc	otch Pine Trail, Lincoln, NE 68	3512				
		CRIPTION OF THE MOTOR V					
Motor Vehicle Make	Model Year	Body Type	Vehicle ID	Number	Registration Date or Date of Acquisition, If Newly Purchased		
GMC	2016	Savana 3500	1GJW7FFF7	'G1286267	01/2019		
Chevrolet	2012	Express G2500 LT	1GAWGRFA:	3C1201957	07/2017		
Chevrolet	2007	Uplander LS	1GNDV2311	7D209485	01/2019		
		W. C.					
					vehicles used exclusively		
also declare that I am duly in membership or employm	clare that I have examined to authorized to sign this exemplent based on race, color, or	ay treatment clients to all his application and that it is, to the olden application, and that the organational origin.	hest of my knowledge a	nd belief, true, comple ve-listed property does	NO centage of exempt use: 6 ste, and correct. I not discriminate		
here Authorized Signature	NA TON	Title		Date	·		
	FOR CO	OUNTY TREASURER RECO	MMENDATION				
APPROVAL		ENTS:					
MALLIONA	CONNIN						
DISAPPROVAL		010	12 14		1-9-19		
		Signature of County Tree	asuror		Date		
	FOR COL	INTY BOARD OF EQUALIZA					
☐ APPROVAL	the same of the sa	IENTS:					
DISAPPROVAL	-						
		Authorized Signature			Date		

Authorized by Neb. Rov. Stat. §§ 77-202(1)(o) and (d), and 60-3,185, and 60-3,189 DR YOUR RECORDS.

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Nobraska Dopartment of REVENUE	FORM 457						
Applicant's Name		Read Instructions on revers	o bluoi		Type of Ownership		
HopeSpoke				,	Nonprofit Nonprof		
Street or Other Mailing Address				County	Corporation		
2444 O Street				Lancaster	Other (specify):		
City Lincoln	N	ate Zip Code IE 68510		State Where Incorporated NE			
IDEN	TIFY OFFICERS, DIREC	CTORS, OR PARTNERS OF	THE NONPRO	OFIT ORGANIZATION			
Title	Name, Address, City, St						
Executive Director		Kathryn McLeese Stephenson, 2444 O Street, Lincoln, NE 68510					
President		blo Drive, Lincoln, NE 68516	III 00710				
Secretary		homasbrook Lane, Lincoln, N					
Treasurer	Russ Ripa, 2421 Sco	otch Pine Trail, Lincoln, NE 6	8512				
		CRIPTION OF THE MOTOR Vach an additional sheet, if n		1			
Motor Vehicle Make	Model Year	Body Type	T	ehicle ID Number	Registration Date or Date of Acquisition, If Newly Purchased		
Dodge	2018	Grand Caravan SE	2C4I	RDGBG8JR181032	01/2019		
GMC	2013	Savana G2500 LT		W7RFG3D1109740	01/2019		
OWO	2010						
Exempt Uses of Motor Vehicle:				Are the motor	vehicles used exclusively		
Give detailed description of use, including These vehicles are used to tra outings.			intments a	nd If No, give per	centage of exempt use: %		
also declare that I am duly a in membership or employm	uthorized to sign this exemp ent based on race, color, or	nis application and that it is, to the otion application, and that the orga national origin.	anization owning	g the above-listed property does	not discriminate		
here Authorized Signature	lt	Title	Finance D	irector Date	4/19		
nere Authorized Signature				- Duito			
	FOR CO	DUNTY TREASURER RECO	MMENDATIO	N			
APPROVAL	COMM	ENTS:					
DISAPPROVAL							
DIONI I HOVAE		Signature of County Tre	A L	Yarva	/ - 9 - / C		
	FOR COU	INTY BOARD OF EQUALIZA		INLY			
APPROVAL	COMM	ENTS:					
DISAPPROVAL	**						
		Authorized Signature			Date		

Nobraska Dopartment of Revonue 98-253-2006 Rev. 8-2011 Supersedes 96-253-2006 Rev. 5-2009 Authorized by Neb. Rov. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

PLEASE RETAIN A COPY FOR YOUR RECORDS.



Nebraska Department of REVENUE
Applicant's Name

Application for Exemption

FORM

REVENUE	Trom Motor venicle Taxes by Qualifying Nonprofit Organizations • To be filed with your county treasurer. • Read instructions on reverse side.				
pplicant's Name		- nead first actions of revers	5 3 NC.		Type of Ownership
First Free Methodist Ch	urch				Nonprofit Nonprof
Street or Other Mailing Address County					Corporation
5910 Holdrege Street	oldrege Street			Lancaster	
City		itate Zip Code	i i		
Lincoln		NE 685.05		NE	
	IDENTIFY OFFICERS, DIRE	CTORS, OR PARTNERS OF	THE NONPROFIT ORGAN	IIZATION	
Title	Name, Address, City, S		•		
Pastor	Ken Watson/5532 N	W 10th Street, Lincoln, NE 68	3521		
Daycare Director	Kelyn Watson				
L					
	DES	CRIPTION OF THE MOTOR	VEHICLES		
		ach an additional sheet, if r			
			Marking ID No.		Registration Date or Date of Acquisition,
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Num	inder .	if Newly Purchased
FÖRD	2011	Van WSD	1FBNE3BL2BDA	53427	JANUARY
DODGE	1994	Van B33	2B5WB35Z8RK1	18699	JANUARY
				14 35	والمعالمة المعالمة ا
exempt Uses of Motor Vehicle: Agricultural/Horticultural	⊠ Educational ⊠	Religious Charitable	Cemetery	as:indicated?	ehicles used exclusively
and from school, church	e only for transportation f and daycare activities	,		Ir No, give perc	entage of exempt use:
also declare that I ar	aw, I declare that I have examined in duly authorized to sign this exem inployment based on race, color, or the color, or	plion application, and that the orga	anization owning the above-list	ed property does i	e, and correct. I not discriminate
TICIO (OUNTY TREASURER RECO	MMENDATION		
					14
☐ Approval	Comn	nents:			
☐ Disapproval		7	1		
		Signature of County Trea	Mary Mary	3	$-\frac{1-9-19}{\text{Date}}$
	For	County Board of Equalization		,	24,0
	FOI	Southly Double of Equalization	500 01119		•
☐ Approval	Comr	nents:		6	
				2 <	
☐ Disapproval					
		Authorized Signature		<u> </u>	Date
		F Authorized Signature			