

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 Food Bank of Lincoln, Inc		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property 4840 Doris Baur Circle St A		County Name Lincoln	State Where Incorporated
Street or Other Mailing Address Lincoln NE 68504		Contact Name Mariana Sheel	Phone Number 402-466-8170 ext 111
City Lincoln	State NE	Zip Code 68504	Email Address mshel@lincoln-foodbank.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Marilyn Moore, Retired
Vice-President	Dave Wilcox, Retired
Secretary	Dr. Farla Lester, Children's Center for the Child and Community
Treasurer	Ron Jester, Labenz & Associates LLC

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 F53	2018	TRUCK 14 ft Cargo	1F105F5K48J0A07237	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

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

Distribute food to low-income families.

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]

Title

Executive Director

Date

12/17/18

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

[Signature]

Signature of County Treasurer

Date

1-9-19

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

[Handwritten mark]



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**FORM
457**

Applicant's Name HopeSpoke			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2444 O Street		County Lancaster	
City Lincoln	State NE	Zip Code 68510	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Executive Director	Kathryn McLeese Stephenson, 2444 O Street, Lincoln, NE 68510
President	John Neal, 3600 Diablo Drive, Lincoln, NE 68516
Secretary	Susan Sapp, 4720 Thomasbrook Lane, Lincoln, NE 68516
Treasurer	Russ Ripa, 2421 Scotch Pine Trail, 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
GMC	2016	Savana 3500	1GJW7FFF7G1286267	01/2019
Chevrolet	2012	Express G2500 LT	1GAWGRFA3C1201957	07/2017
Chevrolet	2007	Uplander LS	1GNDV23117D209485	01/2019

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:
 These vehicles are used to transport extended day treatment clients to and from appointments and outings.

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

Brad Schultz
Authorized Signature

Finance Director

1/4/19
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Rachel M. Garza
Signature of County Treasurer

1-9-19
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

CS



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City Lincoln	State NE	Zip Code 68510	State Where Incorporated NE	

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
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Treasurer	Russ Ripa, 2421 Scotch Pine Trail, 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
Dodge	2018	Grand Caravan SE	2C4RDGBG8JR181032	01/2019
GMC	2013	Savana G2500 LT	1GJW7RFG3D1109740	01/2019

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

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

These vehicles are used to transport residential clients to and from appointments and outings.

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 _____ Finance Director 1/4/19
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

_____ Date 1-9-19
Signature of County Treasurer

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

_____ Date
Authorized Signature

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM
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Applicant's Name First Free Methodist Church			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 5910 Holdrege Street		County Lancaster	
City Lincoln	State NE	Zip Code 68505	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Pastor	Ken Watson/5532 NW 10th Street, Lincoln, NE 68521
Daycare Director	Kelyn Watson

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	2011	Van WSD	1FBNE3BL2BDA53427	JANUARY
DODGE	1994	Van B33	2B5WB35Z8RK118699	JANUARY

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

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

Church and Daycare use only for transportation for children, youth, adults and/or supplies to and from school, church and daycare activities

Are the motor vehicles used exclusively as indicated?

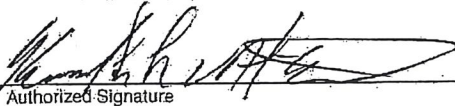
- YES NO

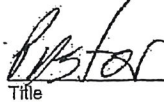
If No, give percentage of exempt use:

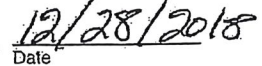
_____ %

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sign here


Authorized Signature


Title


Date

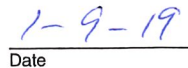
FOR COUNTY TREASURER RECOMMENDATION

Approval

Comments: _____

Disapproval


Signature of County Treasurer


Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

