

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 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		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 68507	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 Childare 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	2001	Econoline Cargo E 250	1FTNE24L91HA73684	1/2018
Victoria	2015	2 Wheel Enclosed Trlr	564BE1210FR007803	8/2018

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:

Cargo Van & Trailer are used by church ministries. Mainly "From the Sky Down" ministry to collect and distribute free clothing items.

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.

DocuSigned by: _____ / authorized to sign this exemption application.

sign here

Jeff Wiesinger

CD20DBB0BE2946B...

Lead Pastor

2/7/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Rachael Miller

EA84D5B40FF8496...

reasurer

2/7/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature _____

Date

DS
DA

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Name of Organization PIUS X HIGH SCHOOL		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property PIUS X HIGH SCHOOL		County Name LANCASTER	State Where Incorporated NE
Street or Other Mailing Address 6000 A STREET		Contact Name KAREN FRANCIS	Phone Number 402-4880931
City LINCOLN	State NE	Zip Code 68510	Email Address karen.francis@PIUSX.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 68506
Sec/Treasurer	Rev. James Meysenburg 7900 Trendwood Dr 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
Hyundai - Azera	2011	4 Dr Sedan	KMHFC4DF5BA55S075	2/17/2018

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:

This vehicle is used as transportation for the Marian Sisters to fulfill their duties as teachers at Pius X High 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.

sign here

DocuSigned by:

Karen Francis

7D82C9D33A954D8...

I am authorized to sign this exemption application.

Business Manager

2/5/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Rachael Miller

EA84D5B40FF8496...

Treasurer

2/5/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature _____

Date _____

DS
MVER

DS
DA