

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<br>The Catholic Bishop of Lincoln      |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |   |
| Name of Owner of Property<br>The Catholic Bishop of Lincoln |             | County Name<br>Lancaster   | State Where Incorporated<br>Nebraska                |
| Street or Other Mailing Address<br>3400 Sheridan Blvd.      |             | Contact Name<br>Mark D. Huber  | Phone Number<br>4024880921                          |
| City<br>Lincoln   | State<br>NE | Zip Code<br>68506  | Email Address<br>msgr.mark-huber@lincolndiocese.org |

### Identify Officers, Directors, or Partners of the Nonprofit Organization

| Title               | Name, Address, City, State, Zip Code                           |
|---------------------|--|
| President           | James D. Conley, 3400 Sheridan Blvd., Lincoln, NE 68506        |
| Vice-President      | Mark D. Huber, 3400 Sheridan Blvd., Lincoln, NE 68506          |
| Secretary-Treasurer | Daniel J. Rayer, 3400 Sheridan Blvd., Lincoln, NE 68506        |
| Director            | Christopher P. Goodwin, 3400 Sheridan Blvd., 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 |
|--------------------|------------|-----------------|-------------------|--|
| Buick Lacrosse     | 2006       | 4 Door Sedan    | 2G4WC582061110673 | April  |
| Ford F150          | 1999       | Pickup          | 1FTZF1821XKB91671 | April  |
| Eagle              | 1993       | Utility Trailer | 102290955         | April  |
| Buick Lucerne CX   | 2008       | 4 Door Sedan    | 1G4HP57278U187157 | April  |
| Carry-on           | 2007       | Utility Trailer | 4YMUL06197M040523 | April  |

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:

These vehicles are used by the Chancery staff in pursuance of the educational, religious, charitable and administrative endeavors of the Diocese of Lincoln which covers all the territory in Nebraska south of the Platte River.

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

*Mark D. Huber*  
Authorized Signature

Vice-President

3/25/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:  
*Robert M. Sawyer*  
Signature of County Treasurer

3/25/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

SMC

SMC

NEBRASKA

Good Life. Great Service.

DEPARTMENT OF REVENUE

# 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<br>First Lutheran Church             |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |                                       |
| Name of Owner of Property<br>First Lutheran Church        |             | County Name<br>Lancaster   | State Where Incorporated<br>Nebraska  |
| Street or Other Mailing Address<br>1551 South 70th Street |             | Contact Name<br>Bryan Hanson   | Phone Number<br>402-488-0919          |
| City<br>Lincoln   | State<br>NE | Zip Code<br>68506  | Email Address<br>bryan@flclincoln.org |

### Identify Officers, Directors, or Partners of the Nonprofit Organization

| Title             | Name, Address, City, State, Zip Code              |
|-------------------|---|
| Lead Pastor       | Dan Warnes 1551 South 70th St Lincoln, NE 68506   |
| Associate Pastor  | Justin Eller 1551 South 70th St Lincoln, NE 68506 |
| Council President | Barry Graham 1551 South 70th 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 Sienna      | 2007       | Van       | 5TDZK23C27S040736              | 4/2016   |
|                    |            |           | tax exempt license plate #2177 |  |

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:  
Van is used for driving all age groups to and from church activities

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, Bryan Hansen, am duly authorized to sign this exemption application.

sign here

Bryan Hansen  
Authorized Signature

Church Accountant

3/22/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:  
Robert M. Sawyer  
Signature of County Treasurer

3/25/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS  
SM

NEBRASKA

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DEPARTMENT OF REVENUE

# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM  
457

• To be filed with your county treasurer.  
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|   |             |  |   |
|---|-------------|--|---|
| Name of Organization<br>Nebraska Wesleyan University      |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |   |
| Name of Owner of Property<br>NEBRASKA WESLEYAN UNIVERSITY |             | County Name<br>LANCASTER   | State Where Incorporated<br>NEBRASKA    |
| Street or Other Mailing Address<br>5000 ST. PAUL AVE      |             | Contact Name<br>BENJAMIN DAHL  | Phone Number<br>402-465-2183            |
| City<br>Lincoln   | State<br>NE | Zip Code<br>68504  | Email Address<br>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 |
| CONTROLLER | 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 |
|--------------------|------------|-----------|-------------------|--|
| FORD               | 2003       | PICKUP    | 1FTNF21L23ED13096 | 03/19/2019   |
|                    |            |           |                   |  |
|                    |            |           |                   |  |

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:  
 USED BY EMPLOYEES FOR THE BUSINESS OF CARRYING OUT THEIR ASSIGNED DUTIES.  
 EMPLOYEES ARE NOT ALLOWED 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 hereby declare that I am duly authorized to sign this exemption application.

sign here

*Benjamin Dahl*  
 Authorized Signature  
5829054D3F30435...

Asst. Controller

3/26/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:  
*Robert M. Sawyer*  
 Signature of County Treasurer

3/26/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS  
*SML*

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# Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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• Read instructions on reverse side.

FORM  
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|   |             |  |                                   |
|---|-------------|--|-----------------------------------|
| Name of Organization<br>LINCOLN MEDICAL EDUCATION PARTNERSHIP |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |                                   |
| Name of Owner of Property<br>NA                               |             | County Name<br>LANCASTER   | State Where Incorporated<br>NE    |
| Street or Other Mailing Address<br>4600 VALLEY RD             |             | Contact Name<br>Michael Almond   | Phone Number<br>(402) 327-6803    |
| City<br>LINCOLN   | State<br>NE | Zip Code<br>68510  | Email Address<br>malmond@lmep.com |

| Identify Officers, Directors, or Partners of the Nonprofit Organization |  |
|---|--|
| Title   | Name, Address, City, State, Zip Code                 |
| PRESIDENT   | DR. ALAN LINDERMAN, 4600 VALLEY RD LINCOLN, NE 68510 |
| CFO/FINANCE DIRECTOR  | MICHAEL ALMOND " " "                                 |
| SEE ATTACHED BOARD LISTING  |  |

| Description of the Motor Vehicles<br>• 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   | 2015       | F 250       | 1FTBF2B66FEB64188 | APRIL 2019   |
| NISSAN ALTIMA  | 2009       | 4 DR. SEDAN | 1N4AL21E69N455040 | APRIL 2019   |
| TOYOTA CAMRY   | 2004       | 4 DR. SEDAN | 4T1BE32K94U923176 | APRIL 2019   |

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:  
 FORD MAINTENANCE VEHICLE USED FOR PLOWING SNOW & LOCAL ERRANDS. CARS TRAVEL THROUGHOUT THE STATE TO COORDINATE DRUG AND ALCOHOL COUNSELOR TRAINING'S AND TO PROVIDE TRAINING TO SCHOOL PERSONNEL ALONG WITH MEETINGS.

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 Almond CFO/Finance Director 3/26/2019  
 Authorized Signature Title Date

### For County Treasurer Recommendation

Approval  Disapproval

Comments: \_\_\_\_\_

DocuSigned by: [Signature] 3/27/2019  
 Signature of County Treasurer Date

### For County Board of Equalization Use Only

Approval  Disapproval

Comments: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

DS TW Please retain a copy for your records. DS SML



4600 Valley Road, Lincoln, NE 68510  
p. (402) 483-4581 • f. (888) 778-5869  
lmep.com

## Board of Directors FY 2018 – 2019

### Chairman

**Korby Gilbertson** (At-Large)  
Attorney/Lobbyist  
Radcliffe & Associates  
625 S 14<sup>th</sup> Street, #100  
Lincoln, NE 68508  
Term: 01/18 – 12/19  
Original start date: 01/16  
Phone: (402) 430-6801  
Email: KorbyG@radcliffeandassociates.com

### Vice Chairman

**Eric Mooss** (Bryan Health)  
President, Bryan Physician Network  
Bryan Health  
2300 S. 16<sup>th</sup> Street  
Lincoln, NE 68502  
Original start date: 04/16  
Phone: (402) 639-8614  
E-mail: eric.mooss@bryanhealth.org

### Secretary/Treasurer

**Michael Rapp, M.D.** (CHI Health)  
V.P., Medical Operations  
CHI Health St. Elizabeth  
555 S. 70<sup>th</sup> Street  
Lincoln, NE 68510  
Original start date: 07/17  
Phone: (402) 219-8946  
E-mail: mrapp@stez.org

### LMEP President

**Alan Linderman, M.D.**  
President & CEO  
Lincoln Medical Education  
Partnership  
4600 Valley Road  
Lincoln, NE 68510-4844  
Original start date: 10/08  
Phone: (402) 327-6801  
E-mail: alinderman@lmep.com

**Carolyn Cody, M.D.** (Bryan Health)  
Breast & General Surgical Specialties  
Bryan Health  
2222 S 16<sup>th</sup> Street, Suite 430  
Lincoln, NE 68502  
Original start date: 09/07  
Phone: (402) 483-8570  
E-mail: carolyn.cody@bryanhealth.org

**Mark Hutchins, M.D.** (Bryan Health)  
Nebraska Hematology Oncology, PC  
4004 Pioneer Woods Drive  
Lincoln, NE 68506  
Term: 01/17 – 12/18  
Original start date: 01/11  
Phone: (402) 484-4900  
E-mail: mhutchins@yourcancercare.com

**Robert Koch, M.D.** (Bryan Health)  
Children First Pediatrics  
3901 Pine Lake Rd  
Lincoln, NE 68516  
Term: 01/19 – 01/21  
Original start date: 01/19  
Phone: (402) 488-7337  
Email: bob@cfpne.com

**Luke Mitchell** (At-Large)  
VP – Mortgage Lending  
Cornhusker Bank  
8310 O Street  
Lincoln, NE 68510  
Term: 01/19 – 01/21  
Original start date: 01/19  
Phone: (402) 434-2224  
E-mail: luke.mitchell@cornhuskerbank.com

**Carol Ott Schacht** (At-Large)  
Leadership Consultant  
University of Nebraska - Lincoln  
3200 S 31<sup>st</sup> Street  
Lincoln, NE 68502  
Term: 12/16 – 12/18  
Original start date: 12/16  
Phone: (402) 525-0442  
E-mail: c.ottschacht@unl.edu

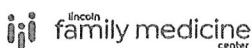
**Derek Vance** (CHI Health)  
President  
CHI Health St. Elizabeth  
555 S. 70<sup>th</sup> Street  
Lincoln, NE 68510  
Original start date: 07/18  
Phone: (402) 219-7700  
E-mail: dvance@stez.org

### LMEP Resident Physician:

**Daniel Owen, M.D.**  
Lincoln Family Medicine Program  
4600 Valley Road  
Lincoln, NE 68510  
Term: 07/18 – 06/19  
Phone: (402) 483-4591  
E-mail: ddownen@lmep.com

### Board Member Emeritus

**Lawrence Bausch, M.D.** (Bryan Health)  
6724 Forest Lake Place  
Lincoln, NE 68516  
Original start date: 07/10  
Phone: (402) 730-7432  
Email: lawrence.bausch@bryanhealth.org



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|   |             |  |   |
|---|-------------|--|---|
| Name of Organization<br>Bryan Medical Center        |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |   |
| Name of Owner of Property<br>Bryan Medical Center   |             | County Name<br>Lancaster   | State Where Incorporated<br>Nebraska        |
| Street or Other Mailing Address<br>1600 S. 48th St. |             | Contact Name<br>Heather Seeba  | Phone Number<br>402-481-3170                |
| City<br>Lincoln                                     | State<br>NE | Zip Code<br>68506  | Email Address<br>Kay.Larsen@bryanhealth.org |

### Identify Officers, Directors, or Partners of the Nonprofit Organization

| Title                    | Name, Address, City, State, Zip Code               |
|--------------------------|--|
| Director of Supply Chain | Heather Seeba, 1600 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 |
|--------------------|------------|-----------|-------------------|--|
| Honda              | 2019       | CRV       | 2HKRW6H33KH209617 | 3/20/19  |
|                    |            |           |                   |  |
|                    |            |           |                   |  |

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:  
Employee transportation for the provision of mobile diagnostic services throughout Nebraska.  
Equipment and supplies transportation for maintenance, grounds and supply chain. Employee and patient 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  
3B4AEBCE81444E0...

Director, Supply Chain

3/20/2019

Title

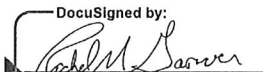
Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:  
  
Signature of County Treasurer

3/27/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS  


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• Read instructions on reverse side.

FORM

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|  |             |  |   |
|--|-------------|--|---|
| Name of Organization<br>Connecting Pointe Church of the Nazarene |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |   |
| Name of Owner of Property  |             | County Name<br>Lancaster   | State Where Incorporated                    |
| Street or Other Mailing Address<br>1901 S 70th St                |             | Contact Name<br>Dustalyn Graham  | Phone Number<br>4024896578                  |
| City<br>Lincoln  | State<br>NE | Zip Code<br>68506  | Email Address<br>connectingpointe@gmail.com |

### Identify Officers, Directors, or Partners of the Nonprofit Organization

| Title           | Name, Address, City, State, Zip Code |
|-----------------|--------------------------------------|
| Dustalyn Graham | 28618 Alvo Rd Murdock, NE 68407      |
| Lena Wimes      | 5512 Channel 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 |
|--------------------|------------|------------------|-------------------|--|
| Ford               | 2007       | 15 passenger van | 1FB5531LX7DA03380 | 6/18   |
| Ford               | 2017       | 15 passenger van | 1FBZX2ZM5HKB07442 | 6/18   |
| Ford               | 2005       | 12 Passenger van | 1FBNE31L65HA11714 | 4/18   |
| Ford               | 1999       | 15 passenger van | 1FBSS31L8XHB05816 | 4/18   |
| Dodge              | 2014       | mini van         | 2CARDGBG8ER240974 | 4/18   |

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:  
Transporting children to and from school, field trips, and lessons. Daycare errands.

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

*Dusty Graham*  
Authorized Signature

Office Manager

3/27/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:  
*Rachel M. Sawyer*  
Signature of County Treasurer

4/3/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

SML

DS  
SML