

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 Cathedral of the Risen Christ		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Cathedral of the Risen Christ		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 3500 Sheridan Blvd		Contact Name Alice Hagedorn	Phone Number 402-488-0949
City Lincoln	State NE	Zip Code 68506	Email Address church@crchrist-parish.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
P: Bishop James Conley	3400 Sheridan Blvd Lincoln, NE 68506 (office address)
VP: Msgr. Mark Huber	3400 Sheridan Blvd Lincoln, NE 68506 (office address)
S/T: Msgr. Joseph J Nemecek	3500 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
Ford	2000	Pick-Up	1FTZR15V8YPA81498	May 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:
 Pick-Up: Maintenance work for the facility.

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

I declare that I am duly authorized to sign this exemption application.

Alice Hagedorn
Authorized Signature

Secretary

4/24/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Robert M. Barber
Signature of County Treasurer

4/25/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
SM

NEBRASKA

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 The salvation Army		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name	State Where Incorporated
Street or Other Mailing Address 2625 Potter Street		Contact Name Major mark Anderson	Phone Number 402-474-6263
City Lincoln	State NE	Zip Code 68503	Email Address Mark_Anderson@usc.salvationarmy.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Mark Anderson	2625 Potter Street Lincoln 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
Honda	2019	Odyssey	5FNRL6H54KB080781	04-19-2019

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:

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

Mark Anderson
Authorized Signature

Major Corps officer
Title

4/24/2019
Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:
Robert M. Sawyer
Signature of County Treasurer

4/25/2019
Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
SMC

NEBRASKA

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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 Lincoln/Lancaster County Habitat for Humanity, Inc.			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Lincoln/Lancaster County Habitat for Humanity, Inc.			County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 4615 Orchard St.			Contact Name Josh Hanshaw	Phone Number 402-477-9184
City Lincoln	State NE	Zip Code 68503	Email Address jhanshaw@lincolnhabitat.org	

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Matt Kasik, 7140 S Hampton Rd., Lincoln, NE 68506
1st Vice President	Michaella Kumke, 4107 S 20th St., Lincoln, NE 68502
Treasurer	Steve Semke, 3901 S 78th St., Lincoln, NE 68506
Secretary	Vicki Obrecht, 2990 S 46th 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 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:
 Vehicles are used to support Habitat for Humanity of Lincoln's construction and ReStore programs, including pick-up of donated items; pick-up, hauling and delivery of construction materials.

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 declare that I am duly authorized to sign this exemption application.

sign here

Josh Hanshaw
Authorized Signature

Executive Director

Title

4/22/2019

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:
Rachel M. Sawyer
Signature of County Treasurer

4/25/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature _____

Date _____

DS
SMC

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date
Carry on Trailer	2011	Flatbed trailer	4YMUL2028BM017966	MAY 2019
Carry on Trailer	2006	Utility trailer	4YMCL12106T058436	MAY 2019
H&H Trailer	2006	Trailer	4J6TC16226B083463	MAY 2019
J&S/Trailer 5x8	1994	Cargo trailer	4FJCS0818R103B003	MAY 2019
Dodge/Ram	2012	Pickup	3C6LD5ATXCGK61266	MAY 2019
Ford/F350	1999	Box truck	1FDWF36S4XEE31856	MAY 2019
Isuzu/NPR-HD	2018	Box truck	JALC4W164J7007368	MAY 2019

NEBRASKA

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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 Redeemer Lutheran Church		Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): Church	
Name of Owner of Property Redeemer Lutheran Church		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 510 S 33RD ST		Contact Name	Phone Number 4024771710
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	BILL CROSIER 8049 GARLAND ST, LINCOLN, NE 68505
TREASURER	JOE WEYAND 2731 DOROTHY DR, LINCOLN, NE 68507

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	VAN	1FDSS3LL43H829504	4/19

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:
 TRANSPORT YOUTH TO EVENTS
 TRANSPORT MEMBERS TO CHURCH

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 declare that I am duly authorized to sign this exemption application.

sign here

Cindy Dull
 Authorized Signature

FINANCIAL SECRETARY

4/24/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Robert M. Sawyer
 Signature of County Treasurer

4/25/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature _____

Date _____

DS
 SML

NEBRASKA

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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 Christian Heritage Children's Homes		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Christian Heritage Children's Homes		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 14880 Old Cheney Road		Contact Name Vicki Davis	Phone Number 402-421-5437, Ext. 406
City Walton	State Nebraska	Zip Code 68461	Email Address vicki.davis@chne.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Brad Brown, 14880 Old Cheney Road, Walton, NE 68461
Vice President	Brian Rader, 14880 Old Cheney Road, Walton, NE 68461
Secretary/Treasurer	Julie Spader, 14880 Old Cheney Road, Walton, NE 68461

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	2018	Accord Sedan	1HGCV1F35JA233892	04-16-19

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:

The vehicle will be used by employees for transportation to different appointments required by their job roles, which can include, but not limited to teaching at the different Nebraska Department of Corrections facilities in Lincoln, Omaha, Tecumseh, York, and McCook; and different community events at different locations for families of incarcerated individuals. It may also be used by employees in other programs at Christian Heritage when necessary.

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

Victoria L. Davis
 Authorized Signature
 91BDCAECA01D446...

Compliance Administrator

4/22/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Robert M. Barner
 Signature of County Treasurer

4/25/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
SM

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DEPARTMENT OF REVENUE

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM

457

Name of Organization Tabitha, Inc.		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Enterprise FM Trust		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 4720 Randolph Street		Contact Name Steve Watson	Phone Number 402-486-8542
City Lincoln	State NE	Zip Code 68510	Email Address Steven.Watson@tabitha.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President & CEO	Christie Hinrichs, 4720 Randolph Street, Lincoln, NE 68510
Director of Finance & CFO	Darcie Brink, 4720 Randolph 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
see attachment				

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 exclusively to benefit the care of our Elders that we serve

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

Steven Watson
Authorized Signature
AAA6C2B6989E449...

Purchasing & Supply chain Mgr 4/24/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Carol M. Sawyer
Signature of County Treasurer

4/25/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

TW

SMU

NEBRASKA

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DEPARTMENT OF REVENUE

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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Read instructions on reverse side.

FORM

457

Name of Organization Family Service Association of Lincoln		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Family Service Association of Lincoln		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 501 S 7th Street		Contact Name Gretchen Thornburg	Phone Number 402-441-7949
City Lincoln	State NE	Zip Code 68508-2920	Email Address gthornburg@familyservicelincoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Steve Cass, 7340 Silverthorn Dr., Lincoln, NE 68521
President - Elect	Yohance Christie, 633 S 9th St., Lincoln, NE 68502
Secretary/Treasurer	Becky Shupe, 1620 Marlene Dr., 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	2008	WSD	1FBSS31LX8DB19938	2008
FORD	2008	WSD	1FBSS31L88DA86373	2008
FORD	2008	WSD	1FBSS31L08DB22282	2008

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:
Advocacy and human service agency

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

G Thornburg
Authorized Signature
2C5DA1059995457...

Business & Finance Director 4/19/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Robert M. Sawyer
Signature of County Treasurer

4/23/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
SMC

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DEPARTMENT OF REVENUE

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM

457

Name of Organization First Baptist Church Lincoln		Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): Church	
Name of Owner of Property		County Name Lancaster	State Where Incorporated
Street or Other Mailing Address 1340 K St		Contact Name Robert Howell	Phone Number 402-416-4126
City Lincoln	State NE	Zip Code 68508	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Moderator	Susan Howell, 4028 J St., Lincoln, NE 68510
Church Clerk	Cheryl Brazee, 111 Wagontrain Ave., Hickman, NE 68372
Facilities Deacon	Robert Howell, 4028 J 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
Ford	2011	Econoline Wagon E350	1FBNE3BL9BDA42702	7/13/2018

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:

Transport congregation members and youth to and from church services and other religious events

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

Robert A Howell
Authorized Signature

Facilities Deacon

Title

4/11/2019

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Rachel M. Sawyer
Signature of County Treasurer

4/12/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

SML

DS
SML

NEBRASKA

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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 SCHOOL SISTERS OF CHRIST THE KING		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 4100 SW 56th Street		Contact Name	Phone Number 402-477-5232
City Lincoln	State NE	Zip Code 68522	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Bishop James Conley 3400 Sheridan Blvd Lincoln, NE 68506
Vice President	Mother Joan Paul 4100 SW 56th Street Lincoln, NE 68522
Secretary	Sister Margaret Mary 4100 SW 56th Street 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
Buick	2006	Sedan	264WD582861172335	4/14/19

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:
Transportation for religious community, grocery/supply shopping and educational opportunities.

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

Mother Joan Paul
Authorized Signature

Vice President
Title

4/17/2019
Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Robert Sawyer
Signature of County Treasurer

4/18/2019
Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMC

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. Monica's Home		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property St. Monica's Home		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 120 Wedgewood Drive		Contact Name Sandy Faimon	Phone Number 402-441-3768
City Lincoln	State NE	Zip Code 68510	Email Address sandy.faimon@stmonicas.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Chief Financial Officer	Mary Barry-120 Wedgewood Drive, Lincoln NE 68510
Chief Operating Officer	Kristen Smith - 120 Wedgewood Drive, 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

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:
Transportation of Clients to Meetings, Appointments, Outings, Court, Family 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 also declare that I am duly authorized to sign this exemption application.

sign here

Sandy Faimon
Authorized Signature

Director of Finance

4/4/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Robert M. Sawyer
Signature of County Treasurer

4/12/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

SML

SML

St. Monica's Vehicle List Updated April 2019

Date	Make/Model	Color	VIN#	Program	Origin
2005	Dodge Caravan	Black	1D4GP25B75B111031	STR	Purchased 08/2010
2005	Honda Odyssey	Blue	5FNRL38405B103239	CAP	Purchased 06/2013
2006	Honda Odyssey	Beige	5FNRL38736B424123	PMC	Purchased 12/2013
2008	Chevrolet Van	White	1GAGG25K581232723	TC	Purchased 5/09
2009	Ford Econoline	White	1FBNE31L49DA54798	STRS	Purchased 12/2016
2017	Ford Van	White	1FBZX2YM4HKA57621	STR	Purchased 4/2018
2012	Chevy Express	White	1GAZGYFA7C1193546	PMC	Purchased 6/2018

NEBRASKA

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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 Innovative Blood Resources		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Nebraska Community Blood Bank		County Name Lancaster	State Where Incorporated Minnesota
Street or Other Mailing Address 100 N 84th St		Contact Name Chris Pape	Phone Number 402-486-9442
City Lincoln	State NE	Zip Code 68505	Email Address cpape@ncbb.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Sr. Executive Director	Kathy Geist IBR 737 Pelham Blvd St. Paul, MN 55114
VP Laboratory Services	Mark Janzen IBR 737 Pelham Blvd St. Paul, MN 55114
Director Hospital Services	Jennifer White 737 Pelham Blvd St. Paul, MN 55114
Director Nebraska Operations	Cheryl Warholoski NCB 100 N 84th St. Lincoln, NE 68505

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
Subaru	2019	Forester SUV	JF2SKAEC3 KH487311	3/7/19

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:
 Vehicle will be used for the transport of blood components and supplies to and from various locations which include but is not limited to hospitals, blood drives, fixed side draw and blood distribution locations.

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

Chris Pape
Authorized Signature

Asst Mgr Hospital Services 4/5/2019

Title Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Robert M. Sawyer
Signature of County Treasurer

4/10/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

SML

SML

NEBRASKA

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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 Calvary Cemetery		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name	State Where Incorporated
Street or Other Mailing Address 3880 L Street		Contact Name Msgr. Timothy Thorburn	Phone Number 402-476-8787
City Lincoln	State NE	Zip Code 68510	Email Address Calvary@cdolinc.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
Secretary-Treasurer	Msgr. Timothy Thorburn, 3880 L Street, Lincoln, NE 68510
Director	Rev. Daniel Rayer, 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
Load Trailer	2015	5 x 10 Dump	4ZEDT1020F1081662	April 28, 2015

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:
Haul dirt, mulch, trees, etc.

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

Monsignor Timothy Thorburn
Authorized Signature

Secretary/Treasurer

3/29/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Robert M. Sawyer
Signature of County Treasurer

4/8/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

SM

SM

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 Lincoln Literacy Council		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 745 S. 9th St.		Contact Name Clayton F. Naff	Phone Number 402-476-2122
City Lincoln	State NE	Zip Code 68508	Email Address cnaff@lincolnliteracy.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Executive Director	Clayton Naff, 3310 S. 27th St., Lincoln, NE 68502
President	David Williams, 2509 Rathbone Rd. Lincoln, NE 68502
First Vice President	Janet Eskridge, 128 N. 13th St., Apt. 1007, Lincoln, NE 68508
Secretary	Michael Eppel, 8936 Sandhills Ct., Lincoln, NE 68526

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 E-350 Passenger Van	2015	van	1FBZX2ZMOFKA38740	6/15/2017
Ford E350 Passenger Van	2002	van	1FBNE31L12HA20204	4/16/2007

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:

The vans are used to transport low-income clients and their young children who cannot otherwise attend to and from our English language and literacy classes.

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

Clayton Naff
Authorized Signature

Executive Director

3/26/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:
Robert Sawyer
Signature of County Treasurer

4/8/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

SM

SM