

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 FIRST SLAVIC BAPTIST CHURCH		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): CHURCH	
Name of Owner of Property CHURCH		County Name LANCASTER	State Where Incorporated
Street or Other Mailing Address 3801 LASALLE ST.		Contact Name VLADIMIR	Phone Number 4026178715
City LINCOLN	State NE	Zip Code 68516	Email Address VMGATCHENKO@GMAIL.COM

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

Title	Name, Address, City, State, Zip Code
TREASURER	VLADIMIR GATCHENKO 13434 JAMESTOWN ST. WAVERLY, NE 68462

### 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
CHEVY EX2	2001		1GAGG25R111130869	
FORD TRANSIT T-350	2015	SPORT VAN	1FBZX2YM5FKA72366	

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:  
TRIPS, GENERAL CHURCH USE

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

*Vladimir Gatchenko*  
Authorized Signature  
E811D816FEE64E9...

TREASURER

Title

5/7/2019

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

*Robert M. Sawyer*  
Signature of County Treasurer

5/10/2019

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 First United Methodist Church		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 2723 N 50th Street		Contact Name Pastor Larry	Phone Number 402-466-1906
City Lincoln	State NE	Zip Code 68504	Email Address laura@firstumclincoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Senior Pastor	Kirstie Engel 2723 N 50th Street, Lincoln, NE 68504
Youth Director	Matt Borland 2723 N 50th Street, 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	2002	Econoline Wagon E350	16HCB08122H096469	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

If No, give percentage of exempt use:  
 \_\_\_\_\_ %

Give detailed description of use, including an explanation if multiple use classifications exist:  
 The van is used as transportation to get children and youth to different activities for the church.

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

*Laura G Sheldon*  
Authorized Signature

Office Assistant

5/6/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

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

5/10/2019

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. Teresa Church		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 735 So. 36th St.		Contact Name Patty Lang	Phone Number 402-477-3979
City Lincoln	State NE	Zip Code 68510	Email Address patty-lang@cdolinc.net

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

Title	Name, Address, City, State, Zip Code
President	James Conley 3400 Sheridan Blvd., Lincoln, NE 68506
Vice President	Mark Huber 7105 Cass, Denton, NE 68339
Secretary-Treasurer	Jamie S. Hottovy, 735 So. 36th St., Lincoln, NE 68510
Trustees	Jean Brigham 1105 Crestdale Rd., Lincoln, NE 68510; Thomas Hoffman, 3755 N 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
International	2003	School Bus	4DRBRABMX3B950858	7/2006
Hyundai Sonata SE/Limited	2008	4 Door Sedan	5NPEU46F88H314975	02-01-2019

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:

International-Transporting children to and from school activities. Also, to transport members of St. Teresa Parish to religious and parish events.

Hyundai Sonata-Transportation for religious and educational purposes, school related functions and administrative duties.

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

*Fr. Jamie Hottovy*  
Authorized Signature  
5069B0A9A93A40E...

Chief Administrative Officer 5/1/2019

\_\_\_\_\_  
Title Date

### For County Treasurer Recommendation

Approval

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

Disapproval

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

5/10/2019

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 Islamic Foundation Of Lincoln		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Islamic Foundation Of Lincoln		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 3636 N 1st street		Contact Name Tarik Houti	Phone Number 402-475-0475
City Lincoln	State NE	Zip Code 68521	Email Address 3636

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

Title	Name, Address, City, State, Zip Code
President	Tarik Houti, 3636 N 1st street. Lincoln, NE 68521
Vice President	Mohamad Albawaneh, 3636 N 1st street. Lincoln, NE 68521
Secretary	Abbas Hajmusa, 3636 N 1st street. Lincoln, NE 68521
Treasurer	Rebeen Kareem, 3636 N 1st street. Lincoln, NE 68521

### 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
Ram	2013	Cargo Van	2C4JRGAG4DR814338	4/17/2019

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:

This Van will be used only for the foundation charitable actions like carrying food or materials or any need of the foundation

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.

sign here

*Tarik Houti*  
Authorized Signature

IFOL President  
Title

4/29/2019  
Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

*Rachel M. Sawyer*  
Signature of County Treasurer

5/1/2019  
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 HopeSpoke		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property HopeSpoke		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 2444 O Street		Contact Name Brad Schiltz	Phone Number 402-475-7666
City Lincoln	State NE	Zip Code 68510	Email Address bschiltz@hopespoke.org

### 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
Nissan	2018	Sport Van	5BZBF0AA4JN852998	04/2019

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:

This vehicle is used to transport residential clients to and from appointment and outings

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

*Brad Schiltz*  
Authorized Signature  
AB32EE918D324F3...

Finance Director

4/30/2019

Title

Date

### For County Treasurer Recommendation

Approval

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

Disapproval

DocuSigned by:

*Robert M. Sawyer*  
Signature of County Treasurer

5/1/2019

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 Nebraska Community Blood Bank / IBR		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 100 N 84th Street		Contact Name Richard Smith	Phone Number 402-416-3393
City Lincoln	State NE	Zip Code 68505	Email Address Richard.Smith@innovativeblood.org

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

Title	Name, Address, City, State, Zip Code
Director of Operations	Cheryl Warholoski, 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

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:  
All Vehicles are used for collection and delivery of blood products.

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

*Richard Smith*  
Authorized Signature

Fleet Coordinator

4/30/2019

Title

Date

### For County Treasurer Recommendation

Approval

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

Disapproval

DocuSigned by:

*Rachel M. Sawyer*  
Signature of County Treasurer

5/1/2019

Date

### For County Board of Equalization Use Only

Approval

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

Disapproval

Authorized Signature

Date

DS  
SMC



100 N. 84th Street | Lincoln, NE 68505 | NCBB.ORG | 1-877-486-9414

April 30th, 2019

**Vehicle List**

<u>Vehicle Make</u>	<u>Model Year</u>	<u>Body Type</u>	<u>VIN #</u>	<u>Reg Date</u>
Blue Bird Coach	1999	Motorcoach	1BDJKCS7XXF081278	5/18
Ford Starcraft	2004	Motorcoach	1FDXE45P44HA78717	5/18
Ford F550	2015	Cargo Van	1FDUF5GY9FEA23437	5/18
Ford E350	2006	Passenger Van	1FBSS31L76DA19485	5/18
Ford Transit	2017	Passenger Van	1FBAX2CM7HKB25642	5/18
Thomas	2009	Motorcoach	1T8UY0B2191111882	5/18
Thomas	2017	Motorcoach	5P0UYAD20H1117620	5/18
Subaru Forrester	2017	SUV	JF2SJAEC1HH583071	5/18
Subaru Forrester	2011	SUV	JF2SHBBC1BH735774	5/18
Dodge Gr Caravan	2010	Cargo Van	2D4RN4DE4AR478101	5/18

For Tax Exempt consideration.

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: Christian Heritage Children's Homes; Type of Ownership: Nonprofit Corporation; County Name: Lancaster; State Where Incorporated: Nebraska; Contact Name: Vicki Davis; Phone Number: 402-421-5437, Ext. 406; Email Address: vicki.davis@chne.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Rows include President (Brad Brown), Vice President (Brian Rader), and Secretary/Treasurer (Julie Spader).

Description of the Motor Vehicles Attach an additional sheet, if necessary.

Table with 5 columns: Motor Vehicle Make, Model Year, Body Type, Vehicle ID Number, Registration Date or Date of Acquisition, If Newly Purchased. Row 1: Honda, 2015, Civic Sedan, 19XFB2F80FE004188, 04/29/2019.

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society, Educational, Religious (checked), Charitable, Cemetery

Are the motor vehicles used exclusively as indicated?

- YES (checked), NO

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

Transporting foster care youth, staff use for appointments with foster families and Nebraska Department of Health and Human Services (DHHS) case workers, transporting furniture and supplies for foster homes owned, and other transportation uses related to our exempt function to care for youth placed with Christian Heritage by Nebraska DHHS.

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

Victoria Lynn Davis (Signature)

Compliance Administrator 4/30/2019 (Title and Date)

For County Treasurer Recommendation

Approval (checked)

Comments:

Disapproval

DocuSigned by: Rachel M. Sawyer (Signature of County Treasurer)

5/1/2019 (Date)

For County Board of Equalization Use Only

Approval (checked)

Comments:

Disapproval

Authorized Signature

Date

DS SML (Handwritten initials)