# NEBRASKA Good Life. Great Service.

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

• To be filed with your county treasurer.
• Read Instructions on reverse side.

**FORM** 

			T				
Name of Organization Way of God Thru Jesus Christ Chu	urch Ministries, Inc	).		wnership nprofit Corporation	Other (specify):		
Name of Owner of Property James H. Anderson, Jr.				ame er	Incorporated		
Street or Other Mailing Address 841 S. 47th Street, Suite 326	Contact Name Phone No. James H. Anderson, Jr. 402-61						
City Lincoln	Zip Code 68510	Email Add	ress desk2003@yaho	o.com			
Lincoln NE 68510 pastorsdesk2003@yahoo.com  Identify Officers, Directors, or Partners of the Nonprofit Organization							
Title	Name, Address, City,			o ttonprome org			
Bishop		James H. Anderson, Jr., 841 S. 47th Street, Lincoln, NE 68510					
Pastor		on, 841 S. 47th Str					
Member		d, 4735 S. 54th, L					
	I						
		Description of the					
Motor Vehicle Make	Model Year	Body Type	-	<u> </u>	ID Number	Registration Date or Date of Acquisition, if Newly Purchased	
Nissan	2012	4 Door Sedan		1N4AL2AP2CN	 573661	June 2019	
TVISSAIT	2012	4 Door Gedan		III4ALZAI ZOII	57 500 T	Julie 2013	
	-	-			·····		
Exempt Uses of Motor Vehicle:					as indicated?	vehicles used exclusively	
			t:	ceritable Cer	metery XYES	NO	
Give detailed description of use, including ar	ப்பி n explanation if multiple ப	use classifications exist	t:	naritableCer	X YES		
Give detailed description of use, including ar This car is used for all Church services of law, I de la constant am duly ar August Lie August L	n explanation if multiple uvices, charity work, work, work, the state of the section of the sect	use classifications exist, funerals, visitation the second of the second	t: ons, etc.		If No, give pe	NO rcentage of exempt use: %	
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with	your	county	treasurer	
		revers		

FORM
457

DEPARTMENT OF REVENUE		• Head instruction	ns on revers	e side.		701	
Name of Organization PEOPLE'S CITY MISSION			Type of Ov	vnership	Other (specify):		
Name of Owner of Property PEOPLE'S CITY MISSION	S CITY MISSION LANCASTER NEBRASKA						
				ame UNKE	ber 1303		
City LINCOLN	State Zip Code Email Address NE 68501-0638 JHUNKE@PCMLINCOLN.ORG						
	Identify Officers, Directors, or Partners of the Nonprofit Organization						
Title	Name, Address, City, State, Zip Code						
R THOMAS BARBER, CEO							
AMY PAPPAS, COO		Street, Lincoln, NE					
		Description of the	a Motor V	ahicles			
		ttach an additional					
Motor Vehicle Make	Model Year	Body Type	е	Vehicle ID	Number	Registration Date or Date of Acquisition, if Newly Purchased	
Chevrolet Silerado K1500 LT	2010	pickup		1GCSKSE35AZ15	5187	04/22/2019	
Exempt Uses of Motor Vehicle:						vehicles used exclusively	
					Las indicated?		
Agricultural and Horticultural Societ	. П	Religious		naritable Cemet	1	□No.	
Agricultural and Horticultural Societ Give detailed description of use, including For general needs of the mainter will be used to make trips to pur maintenance department will use	an explanation if multiple nance and grounds or chase materials and	use classifications exist department of the I goods used at th	t: People's e Mission	City Mission. The tr	uck If No, give per	NO centage of exempt use:	
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NEBRASKA
Good Life, Great Service,

DEPARTMENT OF REVENUE

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FORM	
457	,

Name of Organization NEBRASKA WESLEYAN UNIVERSITY				Type of Ownership  X Nonprofit Corporation  Other (specify):				
Name of Owner of Property NEBRASKA WESLEYAN UNIVERSITY				County Name State When NEBRAS			ncorporated A	
Street or Other Mailing Address 5000 ST. PAUL AVE						Phone Number 402-465-2		
City LINCOLN	State NE	Zip Code 68504	Email Add bdahl@	<sub>lress</sub> nebrwesleyan.e	edu			
le	dentify Officers, D	Directors, or Partr	ers of th	e Nonprofit Or	ganizatio	n		
Title	State, Zip Code							
PRESIDENT	FRED OHLES 5000 ST. PAUL AVE LINCOLN, NE 68504							
VP FINANCE			00 ST. PAUL AVE LINCOLN, NE 68504					
CONTROLLER	GREG MASCHM	IAN 5000 ST. PA	UL AVE	LINCOLN, NE	68504			
		Description of the						
Motor Vehicle Make	Model Year	Body Type			le ID Numbe	ır	Registration Date or Date of Acquisition, if Newly Purchased	
CHEVROLET	2018	4DR SDN LS		1G1ZB5ST2JF	291629		04/30/2019	
	·							
Exempt Uses of Motor Vehicle: Agricultural and Horticultural Society	XEducational	Religious	Cr	naritable C		Are the motor vas indicated?	ehicles used exclusively	
Give detailed description of use, including an USED BY EMPLOYEES FOR THE				SIGNED DUTI	ES.	X YES	res No	
EMPLOYEES ARE NOT ALLOWE	D TO USE THE V	EHICLE FOR PE	RSONAL	PURPOSES.	1	f No, give perc	entage of exempt use:	
					-	%		
Under penalties of law, I de	clare that I have examin	ed this exemption applic	cation and, to	the best of my know	vledge and b	elief. it is correc	et and complete.	
alsondeols genérally am duly au		emption application.			mougo ana s	5/10/		
sign Benjamin Dalil		,	ASSET CONTENT					
here Authorized Signature		T	îtle			Date		
	Fo	or County Treasure	r Recomm	endation				
Approval	Comr	nents:						
Disapproval								
Disapproval		DocuSigne	ed by:					
		(alon	Save	·^			5/20/2019	
	Gound Trea	surer			Date			
	For	County Board of E	qualizatio	n Use Only				
X Approval	Comr	ments:						
Disapproval								
		Authorized S	ignature				Date	
			2000					

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FORM
457

DEPARTMENT OF REVENUE		• Head Instruction					
Name of Organization Indian Hills Community Church			Type of O	wnership nprofit Corporation	Other (	(specify):	
Name of Owner of Property Indian Hills Community Church			County Name State Where I Lancaster Nebraska			ncorporated	
Street or Other Mailing Address 1000 South 84th Street			Contact Name Phone Numb Jeff Horn 402-483-4				
City	State Zip Code Email Address						
Lincoln	NE NE	68510	<u> </u>	@ihcc.org			
	dentify Officers, D Name, Address, City, S		ners of th	e Nonprofit Orga	anizatio	n	
Senior Associate Pastor		South 84th Street,	Lincoln	VE 68510			
Seriioi Associate Pastoi	Jeli Horri, 1000 S	south 64th Street,	LITICOITI, I	NE 00310			
	<u> </u>						
		Description of the					
Motor Vehicle Make	Model Year	Body Type			ID Numbe	er	Registration Date or Date of Acquisition, If Newly Purchased
Ford	2010	15-Passenger Va		1FBSS3BL2AD			June 2019
Ford	2009	15-Passenger Va		1FBSS31L09DA			June 2019
Chevrolet	2008	12-Passenger Va	an	1GAGG25K381	153146		June 2019
- Picking up people for church service Transporting groups to camps, resulting groups to camps, res	etreats, and other controls	church activities  ed this exemption applicemption applicemption application.		o the best of my knowle ASSOCIATE PA:	edge and b		ct and complete.
here Authorized Signature		· 7	Title Date				
	Fo	or County Treasure	r Recomm	endation			
X Approval	Comr	nents:					
Disapproval		DocuSign Signature of	1 8	CA ISUITET			5/20/2019 Date
	For	County Board of E					
XApproval	Comr	nents:	print, 1-7-2-100-2-100-2-100-2-100-2-100-2-100-2-100-2-100-2-100-2-100-2-100-2-100-2-100-2-100-2-100-2-100-2-1				
Disapproval							
		Authorized S	Signature			err angles erre (a v man al managemen	Date

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NEBRASKA

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**FORM** 

DEPARTMENT OF REVENUE		• Head Instruction					
Name of Organization Madonna Rehabilitation Hospital		Type of Ownership  X Nonprofit Corporation  Other			(specify):		
Name of Owner of Property Madonna Rehabilitation Hospital			County Name State Where It Lancaster NE				ncorporated
Street or Other Mailing Address 5401 South Street	1979 (c) 10 10 10 10 10 10 10 10 10 10 10 10 10					Phone Number 402-413-4889	
City	State	Zip Code	Email Address				
Lincoln NE 68506 jtillinghast@madonna.org  Identify Officers, Directors, or Partners of the Nonprofit Organization							
				e Nonprofit Org	anizatio	n	
President and CEO	Name, Address, City, State, Zip Code Paul Dongilli,5401 South Street, Lincoln, NE 68506						
Chief Financial Officer		5401 South Street					
omer i manetal omes.	,		,	.,			
		escription of the					
	•A1	tach an additional	sheet, if n	ecessary.			Registration Date or
Motor Vehicle Make	Model Year	Body Type	•	Vehicle	ID Numbe	er	Date of Acquisition, If Newly Purchased
Ford Fusion	2019	Sedan		3FA6P0HD4KR	172750		5/8/19
Exempt Uses of Motor Vehicle:						Are the motor :	vehicles used exclusively
Agricultural and Horticultural Society	Educational	Religious	Xct	naritable Ce		as indicated?	vollidice acca exclusively
							<b>—</b> 1
Give detailed description of use, including an				dos robabilitation	Long	X YES	NO
Licensed by the State of Nebraska Term Care and Nursing Home serv					- 1	If No give per	centage of exempt use:
These services are provided as a n							
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Under penalties of law, I ded			cation and, to	the best of my knowle	edge and b		
sign (Mideal D Muse	γ <b>λ</b>		General Counsel 5/15/			′2019	
here Authorized Signature	U		itle			Date	<u></u>
		or County Treasurer	r Recomm	endation			
		angun durung kerapada dan kangangan dan kerapada dan kerapada dan kerapada dan kerapada dan kerapada dan kerapa	***************************************				
X Approval	Comn	nents:					
Disapproval		DocuSigne	ed bv:				
Ш			, H				5/20/2019
		Signaturesph	Diougate Trea	surer			Date
	For	County Board of E					
X Approval	Comn	nents:					
_	33.1111						
Disapproval							
					may de selection, and the second second		
		Authorized Si	ignature				Date