

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 Way of God Thru Jesus Christ Church Ministries, Inc.		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property James H. Anderson, Jr.		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 841 S. 47th Street, Suite 326		Contact Name James H. Anderson, Jr.	Phone Number 402-613-0928
City Lincoln	State NE	Zip Code 68510	Email Address pastorsdesk2003@yahoo.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Bishop	James H. Anderson, Jr., 841 S. 47th Street, Lincoln, NE 68510
Pastor	Linda L. Anderson, 841 S. 47th Street, Lincoln, NE 68510
Member	Robert L. Steward, 4735 S. 54th, 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
Nissan	2012	4 Door Sedan	1N4AL2AP2CN573661	June 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 car is used for all Church services, charity work, funerals, visitations, etc.

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

James H. Anderson Jr
Authorized Signature

Bishop

5/17/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Sarver
Signature of County Treasurer

5/20/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

NEBRASKA

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FORM 457

Name of Organization PEOPLE'S CITY MISSION		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property PEOPLE'S CITY MISSION		County Name LANCASTER	State Where Incorporated NEBRASKA
Street or Other Mailing Address PO BOX 80638		Contact Name JODY HUNKE	Phone Number 402-475-1303
City LINCOLN	State NE	Zip Code 68501-0638	Email Address JHUNKE@PCMLINCOLN.ORG

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
R THOMAS BARBER, CEO	2824 Homeland Place, Lincoln, NE 68521
AMY PAPPAS, COO	907 South 40th 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
Chevrolet Silerado K1500 LT	2010	pickup	1GCSKSE35AZ155187	04/22/2019

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:

For general needs of the maintenance and grounds department of the People's City Mission. The truck will be used to make trips to purchase materials and goods used at the Mission. Also, the maintenance department will use the truck to go to the Help Center to do repair and maintenance at this 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.

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

sign here
Jody Hunke
Authorized Signature
706388AD8F-D8486...

Director of Accounting 5/16/2019
Title Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Rachel Barber
Signature of County Treasurer

5/20/2019
Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMC

NEBRASKA

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FORM

457

Name of Organization NEBRASKA WESLEYAN UNIVERSITY		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property NEBRASKA WESLEYAN UNIVERSITY		County Name LANCASTER	State Where Incorporated NEBRASKA
Street or Other Mailing Address 5000 ST. PAUL AVE		Contact Name BENJAMIN DAHL	Phone Number 402-465-2183
City LINCOLN	State NE	Zip Code 68504	Email Address 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
CHEVROLET	2018	4DR SDN LS	1G1ZB5ST2JF291629	04/30/2019

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.

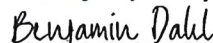
Are the motor vehicles used exclusively as indicated?

- 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.

sign here

 Authorized Signature
5829054D3F30433...

Asst. Controller

5/10/2019

Title

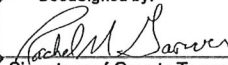
Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

 Signature of County Treasurer

5/20/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMU

NEBRASKA

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FORM

457

Name of Organization Indian Hills Community Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Indian Hills Community Church		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 1000 South 84th Street		Contact Name Jeff Horn	Phone Number 402-483-4541
City Lincoln	State NE	Zip Code 68510	Email Address jeff.horn@ihcc.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Senior Associate Pastor	Jeff Horn, 1000 South 84th 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
Ford	2010	15-Passenger Van	1FBSS3BL2ADA12063	June 2019
Ford	2009	15-Passenger Van	1FBSS31L09DA55863	June 2019
Chevrolet	2008	12-Passenger Van	1GAGG25K381153146	June 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:

- Picking up people for church services on Sunday and Wednesday
- Transporting groups to camps, retreats, and other church activities

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
6FFF426CD2A343C...

Senior Associate Pastor 5/15/2019

Title Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:


 Signature of County Treasurer

5/20/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMU

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• Read instructions on reverse side.

FORM 457

Name of Organization Madonna Rehabilitation Hospital		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Madonna Rehabilitation Hospital		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 5401 South Street		Contact Name Jill Tillinghast	Phone Number 402-413-4889
City Lincoln	State NE	Zip Code 68506	Email Address jtillinghast@madonna.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President and CEO	Paul Dongilli, 5401 South Street, Lincoln, NE 68506
Chief Financial Officer	Victor Witkowicz, 5401 South Street, 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 Fusion	2019	Sedan	3FA6P0HD4KR172750	5/8/19

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:

Licensed by the State of Nebraska as a Rehabilitation Hospital. Madonna provides rehabilitation, Long Term Care and Nursing Home services. Madonna also provides community medical transportation. These services are provided as a non-profit organization as described in 501(C)(3) of the IRS Code.

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

 Michael D. Munro
 Authorized Signature

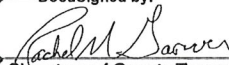
General Counsel 5/15/2019
 Title Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

 Rachel M. Sawyer
 Signature of County Treasurer

5/20/2019
 Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
