

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 Eastridge Presbyterian Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Eastridge Presbyterian Church		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 1135 Eastridge Dr		Contact Name Donna Gustafson	Phone Number 402-488-7844
City Lincoln	State NE	Zip Code 68510	Email Address office@eastridge.org

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

Title	Name, Address, City, State, Zip Code
Trustee chair	Larry Graham, 3305 Ridge Park Dr, Lincoln NE 68504
Treasurer	Bill Whiston, 7618 Myrtle St, Lincoln NE 68506
Senior Pastor	Melodie Jones Pointon, 4901 Bear Creek Rd, 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	1998	15 passenger van	1FBSS31LXWHB23025	7/26/2018

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:  
various transportation needs relating to the 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 also declare that I am duly authorized to sign this exemption application.

sign here

*Donna Gustafson*  
Authorized Signature

office Manager  
Title

6/14/2019  
Date

### For County Treasurer Recommendation

Approval

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

Disapproval

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

6/19/2019  
Date

### For County Board of Equalization Use Only

Approval

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

Disapproval

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

Date \_\_\_\_\_

DS  
SMC

NEBRASKA

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

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FORM

457

Name of Organization The American Legion, Department of Nebraska		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property The American Legion, Department of Nebraska		County Name 55	State Where Incorporated Nebraska
Street or Other Mailing Address P.O. Box 5205, 5600 P Street		Contact Name Brent Hagel-Pitt	Phone Number 402-464-6338
City Lincoln	State NE	Zip Code 68505-0205	Email Address

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

Title	Name, Address, City, State, Zip Code
Department Adjutant	David W. Salak, P.O. Box 5205, Lincoln, NE 68505
Department Assistant Adjutant	Brent Hagel-Pitt, P.O. Box 5205, 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
Chrysler, Pacifica Touring Li Plus	2018	Mini Van	2C4RC1FG2JR309579	7/19
Chrysler, Pacifica Touring	2018	Mini Van	2C4RC1DG2HR515028	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:  
Used for official travel by Department Officers and staff

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

*Brent Hagel-Pitt*  
Authorized Signature  
68280A7F814B49B...

Assistant Adjutant

6/11/2019

Title

Date

### For County Treasurer Recommendation

Approval

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

Disapproval

DocuSigned by:

*Richard Sauer*  
Signature of County Treasurer

6/19/2019

Date

### For County Board of Equalization Use Only

Approval

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

Disapproval

Authorized Signature

Date

DS  
SMC



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

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

Name of Organization Christ United Methodist Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name NE	State Where Incorporated NE
Street or Other Mailing Address 4530 A St		Contact Name Joyce Rasmussen	Phone Number 4024899618
City LINCOLN	State NE	Zip Code 68510	Email Address joyce.rasmussen@christumclinc.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Senior Pastor	Richard Randolph, 4530 A Street, Lincoln, NE 68510
Administrative Council Chairperson	Chris Sommerich, 4070 X 20th Street, Lincoln, NE 68502
Trustee Chairperson	Tracey Ruiz, 5681 Pine Knot Drive, Denton, NE 68339
Business Administrator	Joyce Rasmussen, 4530 A 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 Goshen	2019	Bus	1FDEE3FSXKDC35739	June 6, 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:  
 The bus will be used to pick up and transport elderly members for worship services. It will be used for out of town mission trips, in town mission work, transport of older members on field trips, taking our choirs to performances, and other church member transportation as necessary. It will be used by our childcare to transport children to and from school as necessary, and on field trips.

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

*Joyce Rasmussen*  
 Authorized Signature  
 business administrator Title  
 6/14/2019 Date

### For County Treasurer Recommendation

Approval  Disapproval

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

DocuSigned by:  
*Richard M. Sawyer*  
 Signature of County Treasurer  
 6/19/2019 Date

### For County Board of Equalization Use Only

Approval  Disapproval

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

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

DS  
SMC

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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 Trinity United Methodist Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Trinity United Methodist Church		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 7130 Kentwell Lane		Contact Name Melanie Abbott	Phone Number 402-475-9731
City Lincoln	State NE	Zip Code 68516	Email Address melanie@trinitylincoln.org

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

Title	Name, Address, City, State, Zip Code
Pastor	Jeffrey Slater, 7130 Kentwell Lane, Lincoln, NE 68516
Chair of Church Council	William Barnard, 7130 Kentwell Lane, 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
Blue Bird	2017	Bus	1GBJG31U871212981	July 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:

Trinity United Methodist Church will use the bus for: bus ministry which will include transporting church members to and from church on Sunday and children and youth groups on special outings. The Church sponsors two child care centers as part of their program that will use the bus for educational field trips.

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

*Melanie Abbott*

Authorized Signature

Director of Operations

6/14/2019

Title

Date

### For County Treasurer Recommendation

Approval

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

Disapproval

DocuSigned by:

*Rachel M. Sawyer*

Signature of County Treasurer

6/19/2019

Date

### For County Board of Equalization Use Only

Approval

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

Disapproval

Authorized Signature

Date

DS  
SMC



# Application for Exemption

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

Name of Organization Capital Humane Society		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Capital Humane Society		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 2320 Park Boulevard		Contact Name Robert A. Downey	Phone Number 402-441-4482
City Lincoln	State NE	Zip Code 68502	Email Address radgrako@windstream.net

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

Title	Name, Address, City, State, Zip Code
Chair	Frank Savage, 9600 Del Rio Drive, Lincoln, Ne. 68516
Vice Chair	April Rimpley, 2740 Beckman Circle, Lincoln, Ne. 68502
Secretary	Wendy Birdsall, 5330 Newcastle Road, Lincoln, Ne. 68516
Treasurer	Matt Roberts, 3121 Cedar Avenue, Lincoln, Ne. 68502

### 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	2010	Pickup 2SK	1GCSKSE32AZ190396	July, 2018
Ford	2003	Van 3SD	1FTSE34L53HB05025	July, 2018
Chevrolet	2019	Express Van	1GCWGAFP7K1293716	June, 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 to transport pets, run errands and for special events directly related to the operations of Capital Humane Society. No personal usage is allowed.

Are the motor vehicles used exclusively as indicated?

YES  NO

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

Federal Identification Number: 47-0376622

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**

*Robert Downey*  
Authorized Signature  
360AACDC364A4FA...

President and CEO  
6/17/2019  
Title Date

### For County Treasurer Recommendation

Approval  Disapproval

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

DocuSigned by:  
*Rachel M. Sawyer*  
Signature of County Treasurer  
6/19/2019  
Date

### For County Board of Equalization Use Only

Approval  Disapproval

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

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

DS  
SMC

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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.  
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FORM  
457

Name of Organization Food Bank of Lincoln, Inc.		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 4840 Doris Bair Circle, Suite A		Contact Name Mariana Schell	Phone Number 402-466-8170 ext. 111
City Lincoln	State NE	Zip Code 68504	Email Address mschell@lincolnfoodbank.org

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

Title	Name, Address, City, State, Zip Code
President	Dr. Marilyn Moore, Retired
Vice-President	Dave Wilcox, Retired
Secretary	Dr. Karla Leser, Childrens Center for the Child and Community
Treasurer	Ron Jester, Labenz & Associates, LLC.

### 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

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 donations from donors and deliver them to agencies and partners in the community for their distribution.

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

*Mariana Schell*

Authorized Signature

Operations Director

Title

6/18/2019

Date

### For County Treasurer Recommendation

Approval

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

Disapproval

DocuSigned by:

*Rachel M. Barber*  
Signature of County Treasurer

6/19/2019

Date

### For County Board of Equalization Use Only

Approval

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

Disapproval

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

Date \_\_\_\_\_

DS  
SM

Motor Vehicle Make	Model Year	Body Type	VIN#
LINCOLN	2006	ZEPHYR	3LNHM26106R627773
FREIGHTLINER	2009	22' BOX W/ REFER	1FVACWDT19DAL7302
STERLING ACTERRA	2009	22' BOX W/ REFER	2FZACFDT39AAG7066
FREIGHTLINER	2016	22' BOX W/ REFER	1FVACWDT8GHHK4847
FREIGHTLINER	2018	22' BOX W/ REFER	1FVACWFB7JHN5725
FREIGHTLINER	2008	24' BOX W/ REFER	1FVHCYBS78HZ65723
STERLING	2004	24' BOX W/ REFER	2FZACFDDX4AN12731
STERLING	2009	24' BOX W/ REFER	2FZACGBS79AAD7181
TOYOTA	2012	HIGHLANDER HYBRID	JTEDC3EH0C2004255
FREIGHTLINER	2014	26' BOX W/ REFER	1FVHCYDT4EHFN8110
TOYOTA	2013	CAMRY HYBRID	4T1BD1FK0DU082446
FORD	2018	14' CARGO SPACE	1F65F5KY8J0A07237

Registration Date

July 2019

July 2019

July 2019

July 2019

July 2019

July 2019

July 2019

July 2019

July 2019

July 2019

July 2019

July 2019





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

• To be filed with your county treasurer.  
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FORM  
457

Name of Organization Good Neighbor Community Center		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Good Neighbor Community Center		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 2617 Y Street		Contact Name Tom Randa	Phone Number 4024774173
City Lincoln	State NE	Zip Code 68503	Email Address tom@gncclincoln.org

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

Title	Name, Address, City, State, Zip Code
Executive Director	Tom Randa - 3622 South 52nd Street Lincoln, NE 68506
Board President	Marvin Almy - 10541 North 144th Street Waverly, NE 68462
Board Secretary	Carol Leonhardt - 6530 South 66th Street Lincoln, NE 68516
Treasurer	Jerry Wiggle - 1949 North Gate Rd. 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
Ford WSD	2014	Standard Passenger Van	1FBNE3BL8EDA08237	06/2019
IHC - 4100	2007	Conventional Cab	3HTMWAFK07N430551	06/2019

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:

The Ford van will be used to transport refugees and immigrants to access basic and emergency services which include medical appointments, going for exercises, and attending classes at our center. The food truck will be used for our Food Distribution program, perishable and non perishable food. It will also be used for donations pick up.

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  
283385C8281048F...

Executive Director

6/18/2019

Title

Date


### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

  
Signature of County Treasurer

6/19/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS  
SMU