

# 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 CHI Health St Elizabeth		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property CHI Health		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 555 S 70th St		Contact Name Liz Earley	Phone Number 402-219-8000
City Lincoln	State NE	Zip Code 68510	Email Address EEarley@stez.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Process Manager	John Blakley, 12809 W Dodge Rd, Omaha, NE 68154

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	Rogue	5N1AT2MV6JC757932	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

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

Give detailed description of use, including an explanation if multiple use classifications exist:  
Vehicles will be used to provide services within the organization.  
CHI Health, St Elizabeth  
Enterprise  
#22S98L, Liz Earley

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 also declare that I am duly authorized to sign this exemption application.  
*John Blakely*  
Authorized Signature  
05086537A48749A...

Process Manager    6/20/2019  
Title    Date

### For County Treasurer Recommendation

Approval    Comments: \_\_\_\_\_

Disapproval

DocuSigned by:  
*Rachel M. Sarver*  
Signature of County Treasurer    7/3/2019  
Date

### For County Board of Equalization Use Only

Approval    Comments: \_\_\_\_\_

Disapproval

Authorized Signature    Date

DS  
SMU

# 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 Catholic Social Services		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 2241 O Street		Contact Name Pat Walbrecht	Phone Number 402-327-6221
City Lincoln	State NE	Zip Code 68510	Email Address pwalbrecht@csssisu.org

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
Treasurer	Brandon Kauffman, 6124 S. 96th Street, 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	2017	Econoline E350 super duty	1EDWA9F58HDC50589	6/21/19

Exempt Uses of Motor Vehicle:

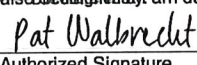
Agricultural and Horticultural Society     Educational     Religious     Charitable     Cemetery

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:  
 Box truck will be used for donation picking up and recycling projects

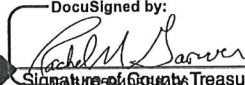
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete.

**sign here**  Admin Support Coord    6/28/2019  
 Title    Date

**For County Treasurer Recommendation**

Approval    Comments: \_\_\_\_\_

Disapproval

DocuSigned by:  7/3/2019  
 Signature of County Treasurer    Date

**For County Board of Equalization Use Only**

Approval    Comments: \_\_\_\_\_

Disapproval

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



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 Villa Marie School		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Villa Marie School		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 7205 North 112th Street		Contact Name Sr. Jeanette Rerucha	Phone Number 402-786-3625
City Waverly	State NE	Zip Code 68462	Email Address sr.jeanette-rerucha@cdolinc.net

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

Title	Name, Address, City, State, Zip Code
President	James D. Conley, PO Box 80328, Lincoln, NE 68501
Vice-President	Mark D. Huber, PO Box 80328, Lincoln, NE 68501
Secretary-Treasurer	John J. Perkinson, PO Box 80328, Lincoln, NE 68501
Board Member	Ann Marie Zierke 6765 N. 112th Street, 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
Ford	2003	E-150	1FMRE11L53HA65872	July 2019
Chevrolet	2005	Mid Bus	1GBJG31U041160662	July 2019
Ford	2010	Sport Van E-150	1FMNE1BL5AD54520	July 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:  
Transportation of students for school 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

*Sister Jeanette Rerucha*  
Authorized Signature

Principal  
Title

6/20/2019  
Date

### For County Treasurer Recommendation

Approval

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

Disapproval

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

7/3/2019  
Date

### For County Board of Equalization Use Only

Approval

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

Disapproval

Authorized Signature

Date

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 Angelici Temple Church of God in Christ		Type of Ownership <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (specify): Religious	
Name of Owner of Property Angelici Temple Church of God in Christ		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 300 North 33rd Street		Contact Name Myles W. Davis, Sr.	Phone Number 402-435-8158
City Lincoln	State Nebraska	Zip Code 68503	Email Address gause77@yahoo.com

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

Title	Name, Address, City, State, Zip Code
Myles W. Davis, Sr. (Pastor)	1305 North 25th Street Lincoln, NE 68503
Kenji R. Madison (Asst Pastor)	5520 South 32nd Circle Lincoln, NE 68516
Mark S. Davis (Trustee)	2315 Wildwood Place Lincoln, NE 68512
Sandra Gause (Sec/Treasurer)	5340 North 18th 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
FORD	2004	Econline 15 Pass Van	1FBSS31L14HA4630	07/31/2019

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 vehicle is exclusively used for tax exempt purposes. The sole purpose is to transport individuals to and from church services and church related functions.

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, Sandra Gause, am duly authorized to sign this exemption application.

sign here

Sandra Gause  
Authorized Signature

Sec/Treasurer

6/26/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Robert M. Sawyer  
Signature of County Treasurer

7/3/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

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 National American Red Cross		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property National American Red Cross		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 4600 Valley Road		Contact Name Gina Tronccone	Phone Number 402-990-6190
City Lincoln	State Nebraska	Zip Code 68510	Email Address gina.tronccone3@redcross.org

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

Title	Name, Address, City, State, Zip Code
Disaster Program Manager	Gina Tronccone 4600 Valley Road Lincoln Nebraska 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 Diesel 8cyl Ambulance F10355459	2009	Ambulance	1FDXE45P39DA80327	8/30/2018

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:

Emergency Response Vehicle/ERV is used for canteening first responders and clients for home fires. The ERV is also used on national deployments for distribution of emergency supplies and to feed those affected by disasters.

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

*Gina M Tronccone*  
Authorized Signature

Disaster Program Manager

7/3/2019

Title

Date

### For County Treasurer Recommendation

Approval

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

Disapproval

DocuSigned by:

*Robert M. Sawyer*  
Signature of County Treasurer

7/3/2019

Date

### For County Board of Equalization Use Only

Approval

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

Disapproval

Authorized Signature

Date

DS  
SMU

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 Fellowship Baptist Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Same		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 1515 West South St.		Contact Name Pastor Merv Goodrick	Phone Number 4024403430
City Lincoln	State NE	Zip Code 68522	Email Address fbc.lincoln@gmail.com

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

Title	Name, Address, City, State, Zip Code
Pastor Merv Goodrick	3403 SW 84th St. Lincoln, NE 68522
Brenda Beem	321 NW 13th St. Lincoln, NE 68528

### 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
GMC	2010	Yukon	1GKUKKEEF1AR172223	7-19
Ford	2003	E350	1FB5531583NB24175	7-19
Chrysler	2002kx1	Town & Country	2C4GP54L02R791439	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:  
Transportation and other related uses. To youth camp, for church members to come to church, to and from events sponsored by 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

*Pastor Merv Goodrick*  
Authorized Signature

Pastor

7/3/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

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

7/3/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS  
SM



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 North American Martyrs Church/Schol		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 1101 Isaac Drive		Contact Name Connie Stephens	Phone Number 402-476-8088 #6
City Lincoln	State NE	Zip Code 68521	Email Address connie-stephens@cdolinc.net

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

Title	Name, Address, City, State, Zip Code
President	Most Rev James Conley, 3400 Sheridan Blvd, Lincoln NE 68501
Secretary	Msgr Timothy Thorburn 3400 Sheridan Blvd, Lincoln NE 68501
Secretary	Father Brian Connor, 1101 Isaac Drive, 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
Toyota Camry	2012	4 dr Sedan	4T4BF1FK3CR191966	6/27/2019

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:

Roman Catholic Sisters use the car for transportation to and from school and school 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

*CONNIE STEPHENS*  
Authorized Signature

Finance Manager

6/27/2019

Title

Date

### For County Treasurer Recommendation

Approval

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

Disapproval

DocuSigned by:

*Rachel M. Sawyer*  
Signature of County Treasurer

7/1/2019

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 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 & ADMIN	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	4 DOOR SEDAN	1G1ZB5STXJF292186	06/20/19

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 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?

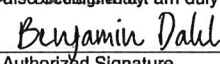
- YES  NO

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.

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

**sign here**  
  
Authorized Signature  
5829054D3F30435...

Asst. Controller

6/24/2019

Title

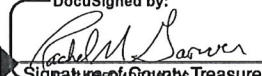
Date

### For County Treasurer Recommendation

Approval

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

Disapproval

DocuSigned by:  
  
Signature of County Treasurer

6/27/2019

Date

### For County Board of Equalization Use Only

Approval

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

Disapproval

Authorized Signature

Date