

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 Christ Lutheran Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Church & School		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 4325 Sumner Street		Contact Name Ken Hobza	Phone Number 402-483-7774
City Lincoln	State NE	Zip Code 68506	Email Address khobza@christlincoln.org

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

Title	Name, Address, City, State, Zip Code
Chairman	Anthony Saeger 3333 Manassas Pl Lincoln, NE 68516
Vice - Chairman	Lloyd Wagnitz 22800 Holdrege St Eagle, NE 68347
Secretary	Valerie Dorfmeier 5830 Cavy 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
WERX Trailer	2015	Trailer	542BB1229HBO17895	Aug 2019
Homemade 14' Enclosed Trailer	1980	Trailer	NET1085302	Aug 2019
Ford	2006	15 Pass	1FBSS31L36DA87606	Aug 2019
Ford	2010	15 Pass	1FDEE3FS4ADA90101	Aug 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:

Trailers are used to transport items for our Cub Scout Pack and other religious charitable purposes. The vehicles are used for the transporting of our students and child care age children.

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

*Kenneth L. Holza*  
Authorized Signature

Director of Finance

7/26/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

*Richard Sauer*  
Signature of County Treasurer

7/29/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS  
SMC

NEBRASKA

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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 Mike Munro	Phone Number 402-413-3000
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
EVP, 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
Chevrolet, Malibu	2019	Sedan	1G1ZD55T5KF176155	7/18/19

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

sign here

*Michael D. Munro*  
Authorized Signature

General Counsel

7/30/2019

Title

Date

### For County Treasurer Recommendation

Approval

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

Disapproval

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

8/2/2019

Date

### For County Board of Equalization Use Only

Approval

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

Disapproval

Authorized Signature

Date

DS  
SMC