

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 Linh Quang Buddhist Center		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 3175 W Pleasant Hill Rd		Contact Name Hoang Ho	Phone Number 402-217-5966
City Lincoln	State NE	Zip Code 68523	Email Address hh5960@yahoo.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Nhi Van Tran 3175 W Pleasant Hill Rd Lincoln NE. 68523
Treasures	Hoang Ho 2300.W Denton Rd Lincoln. NE. 69523
Secretary	Tu Huu Le 1540 N 31th Street Lincoln NE. 68503

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
Subaru	2011	Forester	JF2SHABCOBH765042	Sel 2019
Toyota	2012	RAV4	2T3BF4DV5CW247695	Sep 2019
Toyota	2008	Tundra	5TFBT54188XOO12643	Sep 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:

Travel to another state to teach the bible and learning bibles, visiting the elderly members 's sickly in the hospital or at theirs house, service the funeral for the Vietnamese Buddhist people in town or out of town and for everyone needs the funeral service. Use the truck to buy the materials to remodel the temple or buy all materials for landscape

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
289632D7A8AD483...

Treasury

8/25/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:


Signature of County Treasurer

9/3/2019

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

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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		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, EVP	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	2019	Collins Mini Bus	1GB3GRBG8K1348508	8/9/19

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:

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.

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
3CE41C8839BD4CA...

General Counsel

8/13/2019

Title

Date


For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:


 Signature of County Treasurer

9/3/2019

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

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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		County Name Lancaster	State Where Incorporated Nebraska
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 mmunro@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, EVP	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
Braun Wagon	2019	Minivan	2C7WDGBG8KR683692	8/22/19

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.

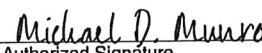
If No, give percentage of exempt use:

_____ %

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


 Authorized Signature

General Counsel

Title

8/27/2019

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:


 Signature of County Treasurer

9/3/2019

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 Madonna Rehabilitation Hospital		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 5401 South Street		Contact Name Mike Munro	Phone Number 402-413-3000
City Lincoln	State NE	Zip Code 68506	Email Address mmunro@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, EVP	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
Braun Hanciap Van	2019	Minivan	2C7WDGBG1KR698812	8/29/2019

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:

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


 Authorized Signature
3CE41C8839BD4CA...

General Counsel

8/30/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:


 Signature of County Treasurer

9/3/2019

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.

**FORM
457**

Name of Organization Resources For Human Development		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Resources For Human Development		County Name	State Where Incorporated Philadelphia
Street or Other Mailing Address 1233 Arapahoe st suite 400		Contact Name Craig Casados	Phone Number 402-904-4216
City Lincoln	State NE	Zip Code 68502	Email Address craig.casados@rhd.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Craig Casados-Director	1233 Arapahoe st, Lincoln NE 68502 suite 400

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
Dodg CVN	2018	VN	2C7WDGGBG0JR165882	8/1/19

Exempt Uses of Motor Vehicle:

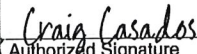
Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:
Van is used to pick up Developmental/Physically disabled adults to bring them to there work or back home, to doctor appointments. This van also brings artist to the art shows and in the community for activity's. This mini van is handicap accessible for our artists that are in wheelchairs.

If No, give percentage of exempt use:
_____ %

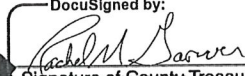
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete.
I also declare that I am duly authorized to sign this exemption application.

sign here  _____ Mr. Craig Casados Director 8/30/2019
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Disapproval

DocuSigned by:
 _____ 9/3/2019
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Comments: _____

Disapproval

Authorized Signature _____ Date _____

Please retain a copy for your records.

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.

FORM
457

Name of Organization Gentle Shepherd 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 Nebraska
Street or Other Mailing Address 1601 West Burnham Street		Contact Name Gary Fuller	Phone Number 4025807002
City Lincoln	State Ne	Zip Code 68522	Email Address gfuller@neb.rr.com

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Trustee	Richard Zlomke, 1633 N. 6th Rd, Eagle, NE 68347
Trustee	Jeffrey Newlon, 2700 W. shane dr, Lincoln 68522
Trustee	Gary Stanley, 4124 N.W. 50th St. Lincoln, 68524
Trustee	Benjamin Stanley, 5106 W Mathis st, Lincoln, 68524

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
2015 Ford Transit Passenger Van	2015	15 passenger van	1FBZXZM9FKA80212	8/28/2019

Exempt Uses of Motor Vehicle:

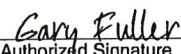
Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:
 Vehicle is used for transportation of congregants to and from church, to and from church related activities, to and from youth camp, to and from senior activities, 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.

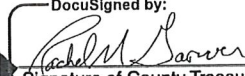
sign here  Pastor _____ Date 8/30/2019

Authorized Signature Title

For County Treasurer Recommendation

Approval Comments: _____

Disapproval

DocuSigned by:  _____ Date 9/3/2019

Signature of County Treasurer

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 Lighthouse		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 2601 N Street		Contact Name William Michener	Phone Number 4024753220
City Lincoln	State NE	Zip Code 68510	Email Address bmichener@lincolnlighthouse.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Board President	Peter Allman, 3195 Sheridan Blvd. Lincoln, NE 68502
Executive Director	Bill Michener, 842 Sumner st 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
Ford	2013	E350	1FBSS3BL9DDA87721	9/2019
Toyota	2012	HHL	JTEDC3EH8C2004066	9/2019

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 youth to and from events that will enrich the lives of the youth that attend Lighthouse. Such activities include sporting events, fundraisers, cultural events and college tours. The vehicle is also used to pick up food and other items to run programming at Lighthouse.

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
4F5221820FAA4B54...

Executive Director

8/28/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:


 Signature of County Treasurer

9/3/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMU

NEBRASKA

Good Life. Great Service.

DEPARTMENT OF REVENUE

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM 457

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

Name of Organization MyBridge		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property My Bridge Radio		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 723 Lancashire Ct		Contact Name Carolyn Simmons	Phone Number 402-770-4616
City Lincoln	State NE	Zip Code 68510	Email Address email@mybridgeradio.net

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Stanley Parker, 723 Lancashire Ct, Lincoln, NE 68510
Treasurer	Rachel Parker, 723 Lancashire Ct, Lincoln, NE 68510
Secretary	Carolyn Simmons, 920 Coachmans Dr, 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	2012	F15	1FTEX1EM4CFC57568	September

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:
My Bridge Radio is a network of religious radio stations in Nebraska, with station and translators located from Alliance to Omaha and Valentine to Shubert. The vehicle is used by the My Bridge Radio engineer to travel to our radio stations for maintenance and repair of radio equipment and other work-related travel.

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

Carolyn Simmons
Authorized Signature

Secretary

8/21/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Rachel M. Sawyer
Signature of County Treasurer

9/3/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SML

NEBRASKA

Good Life. Great Service.

DEPARTMENT OF REVENUE

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM
457

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

Name of Organization Lincoln/Lancaster County Habitat for Humanity, Inc.		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property dba Habitat for Humanity of Lincoln		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 4615 Orchard St		Contact Name Josh Hanshaw	Phone Number 402-477-9184
City Lincoln	State NE	Zip Code 68503	Email Address jhanshaw@lincolnhabitat.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Executive Director	Josh Hanshaw, 4615 Orchard St, Lincoln, NE 68503
President	Matt Kasik, 4615 Orchard St, Lincoln, NE 68503
Treasurer	Steve Semke, 4615 Orchard St, Lincoln, NE 68503

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
ISU	2018	Box truck	JALC4W164J7007368	August 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 truck is used to pick up donations for free from community donors; donated items are re-purposed at our ReStore, resold, and proceeds benefit Habitat's mission.

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

Josh Hanshaw
Authorized Signature

Executive Director

8/14/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Sawyer
Signature of County Treasurer

9/3/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date