

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 GIRL SCOUTS SPIRIT OF NEBRASKA		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 2121 S 44TH ST		Contact Name DENISE PRATT	Phone Number 800-695-6690
City OMAHA	State NE	Zip Code 68105	Email Address DPRATT@GIRLSCOUTSNEBRASKA.ORG

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
CEO	FRAN MARSHALL; 2121 S 44TH ST; OMAHA NE 68105

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 SAVANNA	2010	VAN	1GJZGPDG7A1183761	

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:
VAN USED FOR TRANSPORTATION OF GIRL SCOUTS AT CAMP

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
7A8888E23DE74AA...

CFO

9/5/2019

Title

Date


For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:


Signature of County Treasurer

9/16/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SM

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 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
DARRIN GOOD	5000 ST. PAUL AVE. LINCOLN, NE 68504
TISH GADE-JONES	5000 ST. PAUL AVE. LINCOLN, NE 68504
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	2020	4 DOOR SEDAN	1G1ZC5ST6LF030519	08/30/19

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

Benjamin Dahl
 Authorized Signature
 5829054D3F30435...

Asst. Controller

9/3/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Rachel M. Sawyer
 Signature of County Treasurer

9/16/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date



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 Evangelical United Lutheran Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Congregation		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 5945 Fremont Street		Contact Name Karen Daffer	Phone Number 402-466-2277
City Lincoln	State NE	Zip Code 68507	Email Address office@unitedlutheranlincoln.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Council President	Tim Sestak; 3323 Prairiewood Drive; Lincoln, NE 68504
Council Vice-President	Russell Looftjer; 2180 Kingswood Circle; Lincoln, NE 68521
Council Secretary	Brett Bieber; 1100 Evergreen Drive; Lincoln, NE 68510
Church Treasurer	Dean Jaeger; 2315 North 76 Street; Lincoln, NE 68507

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	2007	Town & Country Touring	2A4GP54L77R205630	September 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 members of the congregation who no longer drive to and from church worship.

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

Karen Daffer
Authorized Signature

office secretary

9/9/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Rachel M. Sawyer
Signature of County Treasurer

9/16/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SM

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 Immanuel Retirement Communities		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Immanuel		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 1044 N. 115th St., Suite 500		Contact Name Michael W. Stuhr	Phone Number (402) 829-6960
City Omaha	State NE	Zip Code 68154	Email Address mstuhr@immanuel.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Eric N. Gurley - 1044 N. 115th St., Suite 500, Omaha NE 68154
Secretary	George A. Grieb - 1044 N. 115th St., Suite 500, Omaha NE 68154
Chair	David A. Jacox - 1044 N. 115th St., Suite 500, Omaha NE 68154
Vice Chair	Bruce A. Plath - 1044 N. 115th St., Suite 500, 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
Ford	2014	EI Dorado Bus	1FDDE4FS9DDB31188	October 2019
Honda	2013	Odyssey Van	5FNRL5H41DB009381	October 2019
Buick	2001	Century Custom	2G4WS52J011291057	October 2019
Honda	2018	Odyssey EXL	5FNRL6H73JB044211	October 2019
Ford	2018	E350 EI Dorado Aerotech	1FDEE3FS5JDC29734	October 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:
Immanuel sponsors healthcare and senior services in Omaha, Lincoln, and surrounding areas.
Immanuel provides facilities and programs designed to promote healthy aging of the mind, body, and spirit. Vehicles are used exclusively for transporting residents to appointments and 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

Michael Stuhr
Authorized Signature

Director of Transportation 9/9/2019

Title Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Rachel M. Sawyer
Signature of County Treasurer

9/16/2019

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

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

FORM
457

Name of Organization House of Prayer Christian Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property House of Prayer Christian Church		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 1333 Morton St		Contact Name Oleg Stepanyuk	Phone Number 4026102618
City Lincoln	State NE	Zip Code 68521	Email Address olegstepanyuk.hop@gmail.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Senior Pastor	Bogdan Stepanyuk, 4430 W. Huntington Ave., Lincoln, NE 68524
Treasurer	Viktor Popov, 13830 Bailey St., Waverly, NE 68462
Secretary	Vasiliy Brichka, 3000 W. Pleasant Hill Rd., Lincoln, NE 68523

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
Mercedes Sprinter 2500	2013	15 passenger van	WDZPE8CC7D5808875	October 2019
Ford Transit 350	2016	15 passenger van	52LBE1429HE048990	October 2019
Stealth Utility Trailer	2017	Utility Trailer	1FBZX2CM4GKA82024	October 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:

These vehicles are used to transport elderly people to church events, transport youth groups to youth conferences and camps and, also, outreach groups to the places of outreach. We also transport donated items to Lincoln city mission (using utility trailer) and, also, to our missionary destinations in Mexico

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

Oleg Stepanyuk
Authorized Signature

Head Trustee

9/5/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Rachel M. Sawyer
Signature of County Treasurer

9/16/2019

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 Innovative Blood Resources		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name Ramsey	State Where Incorporated Minnesota
Street or Other Mailing Address 737 Pelham Blvd		Contact Name Chris Pape	Phone Number 402-486-9422
City St. Paul	State MN	Zip Code 55114	Email Address cpape@ncbb.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
Sr. Executive Director	Kathryn Geist 737 Pelham Blvd. St. Paul, MN 55114
Director Hospital Services	Jennifer White 737 Pelham Blvd. St. Paul, MN 55114
Director NE Operations	Cheryl Wharholoski 100 N 84th St 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
Subaru	2019	Forester SUV Premium CVT	JF2SKAECX KH571397	8/21/2019

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:
 Vehicles is used for the delivery and transport of blood products and related supplies and services associated with volunteer blood donations. Vehicle will be located and based out of Lincoln, NE.

If No, give percentage of exempt use:
 _____ %

Nebraska Community Blood Bank a division of IBR
 100 N 84th St
 Lincoln, NE 68505
 402-486-9453

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 *Chris Pape* _____ Manage, Hospital Services 9/10/2019
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Disapproval

DocuSigned by: *Robert M. Barber* 9/16/2019
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Comments: _____

Disapproval

Authorized Signature _____ Date _____

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 Calvary Community Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Calvary Community Church		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 4400 N 1st. St		Contact Name Jeff Ryan	Phone Number 402.474.0642
City Lincoln	State NE	Zip Code 68521	Email Address jryan@mycalvary.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Richard Danielson, 1940 Shooting Star Dr. Lincoln, NE 68521
Secretary	Nate Howland, 1126 W. Keating Dr. Lincoln, NE 68521
Treasurer	Todd Case, 1576 Prairie Ln, 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 Pickup	1997	F-150	1FTDX1867VKB08008	10/17

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:
Primary purpose is for snow removal and moving items around our property. Occasional use to transport items to locations with the city. (i.e. debris to dump, equipment for maintenance, etc.)

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

Jeff Ryan
Authorized Signature

Executive Director

9/5/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Rachel M. Sawyer
Signature of County Treasurer

9/16/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMC