



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

Applicant's Name
Bryan Medical Center

Street or Other Mailing Address
1600 South 48th Street **2300 South 16th Street**

City
Lincoln

State
NE

Zip Code
68506 & 68502

County
Lancaster

State Where Incorporated

Type of Ownership

Nonprofit Corporation

Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Director, Supply Chain	Heather Seeba, 1600 South 48th 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
See Attached List				

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

Employee transportation for the provision of mobile diagnostic services throughout Nebraska.
Equipment and supplies transportation for Maintenance, Grounds, and Supply Chain.
Employee and patient transportation.

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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Authorized Signature

Heather Seeba

Director, Supply Chain

Title

Date

8/17/17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Candace Meredith on behalf of Andy Mathen
Signature of County Treasurer

Date

8/31/17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

Handwritten mark

Bryan Medical Center
 1600 South 48th Street and 2300 South 16th Street
 Lincoln, NE 68506 - 68502

Motor Vehicles

Bryan Vehicle #	Make/Year	Model/Body Type	VIN #	Use/Purpose	Current License #
1	Chevrolet - 2008	Silverado K2500, Pickup, White	1GCHK24K5E131766	Snow removal	2885 TE
2	Subaru - 2014	XV Crosstrek, SUV, White	JF2GPACC8E8227159	Mobile Diagnostics	6312 TE
3	Subaru - 2015	Forester, SUV, White	JF2SJAAC5FH51306	Mobile Diagnostics	2383 TE
4	Subaru - 2012	Forester, SUV, White	JF2SHBBC3CH431671	Mobile Diagnostics	2218 TE
5	Subaru - 2014	Forester, SUV, White	JF2SJAAC3EH535581	Mobile Diagnostics	6301 TE
6	Honda - 2016	CRV, Utility, White	SJ6RM4H45GL043262	Mobile Diagnostics	2380 TE
7	Chevrolet - 1992	GMT-400 K2500, Pickup, 4x4, White	1GCGK24K5NE138000	Spread gravel after snow removal	2379 TE
8	GMC - 2001	Sierra K1500, Pickup, 4x4, White	1GYEK14T91Z211334	Snow removal, pick up/delivery of supplies	2378 TE
9	Ford - 2015	Transit Connect XLT, Wagon LWB, White	NM0G59F70F1208171	Patient/Visitor Transport from parking lot to building	6878 TE
10	Ford - 2012	Transit Connect	NM0LS6BNXCT124585	Child Development	6851 TE
11	Chevrolet - 1992	GMT-400 C3500, Pickup, White	1GBJC34K3NE141216	Haul supplies to/from Warehouse	2375 TE
12	Subaru - 2014	Forester, SUV, White	JF2SJAAC2EH453132	Mobile Sleep Lab - staff business travel	2018 TE
14	Chevrolet - 2002	Express Cutaway G3500, Collins, Bus 14 Passenger, White	1GBHG31R2Z1222585	Child Development	TMP542
15	Subaru - 2014	Forester, SUV, White	JF2SJAAC4EH439443	Patient transportation and staff business travel	2040 TE
16	Honda - 2016	CRV, Utility, White	SJ6RM4H31GL110382	Mobile Diagnostics	2376 TE
17	Subaru - 2012	Forester, SUV, White	JF2SHBBCSCH410899	Mobile Diagnostics	2370 TE
18	Chevrolet - 2006	Silverado K2500, Pickup, White	1GCHK24U26E279775	Snow removal	2369 TE
19	Chevrolet - 2005	Equinox LS, SUV, 4 Door, White	2CNDL23F856183047	Mobile Nuclear Medicine	2368 TE
20	Chevrolet - 2002	Trailblazer, LS, SUV, White	1GNDT13S122309647	Security	2367 TE
21	Chevrolet - 1998	GMT-400 K1500, Pickup, 4x4, White	1GCEK14R3WZ192422	Snow removal, pick up/delivery of supplies	2366 TE
22	Chevrolet - 2009	Silverado, K2500, 4x4, Pickup, White	1GCHK44K99F124195	Snow removal	2365 TE
23	Subaru - 2014	Forester, SUV, White	JF2SJAAC5EH424563	Patient transportation and staff business travel	2039 TE
24	Ford - 2014	Transit Connect XLT, Wagon LWB, White	NM0GE9F75E1140357	Patient/Visitor Transport from parking lot to building	6455 TE
25	Chevrolet - 1998	GMT-400 K1500, Pickup, 4x4, White	1GCEK14R9WZ192537	Snow removal, pick up/delivery of supplies	2363 TE
27	Subaru - 2012	Forester, SUV, White	JF2SHBBC3CH439799	Mobile Diagnostics	2221 TE
28	Subaru - 2015	XV Crosstrek, SUV, White	JF2GPACC8FH250491	Mobile Diagnostics	2362 TE
29	GMC - 2008	Savana G2500, Cargo Van, White	1GTGG25KX81233583	Mobile Diagnostics	2361 TE
30	Ford - 2012	Transit Connect XLT, Cargo Van, White	NM0LS6BN8CT124570	Distribution deliveries	2035 TE
32	Chevrolet - 2004	Venture, Extended Cargo Van, White	1GBDX23E74D216477	Deliveries	2858 TE
33	Ford - 2012	Supreme, E450, Bus, White	1FDFE4F59CDA41571	Rehab Services	T0537
34	Ford - 2015	Collins, Bus, 15 Passenger, White	1FDEE3FL3GDC02789	Child Development	RLP689
35	Chevy - 2013	Silverado K2500, 4x4, Pickup, White	1GC0KVC6SDF178554	Snow removal, pick up/delivery of supplies	2038 TE
39	International - 2003	Conventional Cab 4000 Series 4400, White	1HTMKAAN83H586337	Mobile Diagnostics/ Screening	2356 TE
41	International - 2005	Semi Tractor 8000 Series 8600	1HSHX5BR65J053168	Screening Services Lab	2138 TE
42	Trailmobile - 1999 (Trailer Corp)	Semi Trailer, Blue/White	1PT011LHRX9002347	Screening Services Lab	XJ2857
43	GMC - 2011	Savana Cutaway G3500, Van, White	1GD373CG9B1159367	Delivery of equipment/supplies	2194 TE
44	GMC - 2011	Savana G1500, Cargo Van, White	1GTS7AF49B1140680	Mobile Diagnostics	2354 TE
45	Subaru - 2011	Forester, SUV, White	JF2SHBBC9BH760874	Mobile Diagnostics	2193 TE
46	Finish Line - 2011	2 Wheel Utility Trailer	52WBU1210BR001251	Grounds	XK8226
47	GMC - 2002	Sierra K2500 4x4, Pickup, White	1GTHK24U52E158636	Snow removal, pick up/delivery of supplies	2352 TE
48	Ullhaul - 2010	4 Wheel Flatbed Tilt Utility Trailer	1U9UJ1824AW055444	Maintenance	XJ2868
49	Load Trail - 2011	Tandem Axle Dump Trailer 12'	4ZEDT1227B1002608	Maintenance	XJ2869
50	Subaru - 2012	Forester, SUV, White	JF2SHBBCXCH434342	Mobile Diagnostics	6432 TE
51	Ford - 2001	SRW F-250, Pickup, White	1FTNF21L81EB35594	Grounds	2350 TE
52	Chevrolet - 2009	Express Cutaway G3500, Collins, Bus, 14 Passenger, White	1GBJG31K091113766	Child Development	RLP692
54	Ford - 2014	E-350, XLT, Bus, 15 Passenger, White	1FB5S3BLXEDA21048	Staff & Patient Transportation	TKH139
55	Dodge - 2000	Caravan, Grand SE/Sport, Van, White	1B4GP44L8YB630139	Distribution	2349 TE
56	Honda - 2016	CRV, Utility, White	SJ6RM4H44GL025965	Mobile Diagnostics	2348 TE
57	Chevrolet - 2003	Silverado C3500, Pickup, White	1GBJC34UX3E254885	Distribution	2347 TE
58	GMC - 2010	Savana G1500, Cargo Van, White	1GTUGAD49A1166044	Mobile Diagnostics	2346 TE
59	Subaru - 2011	Forester, SUV, White	JF2SHBBC68H765806	Mobile Diagnostics	2149 TE
60	Subaru - 2012	Forester, SUV, White	JF2SHBBC8CH431634	Mobile Diagnostics	2220 TE
61	Ford - 2014	Transit Connect XLT Van LWB, Cargo Van, White	NM0LS7F70E1145686	Distribution deliveries	6435 TE
62	Subaru - 2015	Outback, Wagon, White	4S4BSBCC5F346343	Mobile Screening	6508 TE
65	Ford - 2007	Explorer, 4x4, SUV, White	1FMEU738X7UB57280	Security - East	6511 TE



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FORM
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Applicant's Name Christian Heritage Children's Homes			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 14880 Old Cheney Road		County Lancaster	
City Walton	State NE	Zip Code 68461	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Brad Brown, 14880 Old Cheney Road, Walton, NE 68461
Secretary/Treasurer	Julie Spader, 14880 Old Cheney Road, Walton, NE 68461
Second Vice President	Brian Rader, 14880 Old Cheney Road, NE 68461

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
Honda	2017	Accord Sedan	1HGCR2F39HA114599	07/31/2017
Honda	2017	Accord Sedan	1HGCR2F36HA119212	07/31/2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

Primarily used to meet with foster care supervisors in Kearney and Omaha, CH donors all over Nebraska, Tours of our Mission in Omaha and Lincoln, as well as various other professional meetings. It's possible one may be used to transport foster children, but not likely. Also, used to visit foster families and children from time-to-time.

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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Julie Spader
Authorized Signature

Secretary-Treasurer
Title *8/8/17*
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Hobbins
Signature of County Treasurer *8/14/17*
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature _____ Date _____

CH



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.

Applicant's Name Community Blood Bank of the LCMS			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 100 N 84th ST		County Lancaster	
City Lincoln	State NE	Zip Code 68505	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Ellen Disalvo 100 N 84th ST Lincoln, NE 68505
CEO	Donald C. Berglund 737 Pelham BLVD ST. Paul, MN 55114

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
Thomas	2017	BM	5P0UYAD20H1117620	8/1/2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 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 to be used for blood collection purposes.

If No, give percentage of exempt use:

_____%

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Richard Smith
Authorized Signature

Fleet Coordinator
Title

8/24/17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Candace Meredith on behalf Andy Hebborg 8/31/17
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature Date

CPW



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM
457

Applicant's Name Corporation of the Presiding Bishop Church of Jesus Christ of Latter-day Saints			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 1030 Q Street		County Lancaster	
City Lincoln	State NE	Zip Code 68508	State Where Incorporated UT

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Director	Mike Poulsen, 1030 Q Street, Lincoln NE 68508

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 Rogue	2016	4 DR SPT UTIL	JN8AT2MV0GW146570	August 2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural 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 used to oversee religious education in Nebraska - visiting teachers and students, as well as teaching and training.

If No, give percentage of exempt use:

_____ %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Authorized Signature

Mike Paul

Title

Director

Date

15 Aug 2017

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Andy Shippy

Date

8/14/17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

ah



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.

Applicant's Name: Gentle Shepherd Baptist Church

Street or Other Mailing Address: 1401 W. Burnham St

City: Lincoln State: NE Zip Code: 68522 County: Lancaster State Where Incorporated: NE

Type of Ownership: Nonprofit Corporation Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Pastor	Gary Fuller 3421 Timber Ridge Cir Lincoln NE 68522
Deacon	Danle Blackett 1315 W Commodore Blvd " " 68521
Trustee	Jeffery Newlin 2700 W Shore Dr " " 68522
Trustee	Delnet Danner 700 N 26th St " " 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
Hyundai Sonata	2016	Sedan	5NPE34AF9GH274346	9/2016
Ford Econoline	2002	Pass. Van	1FB5531592N613713	N/A

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?

- YES NO Van

Give detailed description of use, including an explanation if multiple use classifications exist:

Van: Transport to & from church, activities, camp - youth & parishioners, hauling of goods & supplies, charitable work

car: Transport of parishioners, church & events, visiting homebound, hospitalized & convalescing, travel to religious conferences & functions.

If No, give percentage of exempt use:

85%

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Authorized Signature

[Signature]

Title

Pastor

Date

8/24/17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

[Signature]
Signature of County Treasurer

Date

8/31/17

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

[Handwritten mark]



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.

Applicant's Name Lincoln Christian School		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):	
Street or Other Mailing Address 5801 South 84th Street		County Lancaster	
City Lincoln	State NE	Zip Code 68516	State Where Incorporated

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Mark Canfield 6948 Kings Court Lincoln, NE 68526
Vice-President	Todd Hohlen 9055 Turnberry Circle Lincoln, NE 68526
Treasurer	Aaron Marshbanks 1545 Sunburst Lane 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
Freightliner	2003	Bus	4UZAAXAK23CK7M10	8/2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

Transport of children for school & 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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Vikki J. Pauer
Authorized Signature

Activities Dept
Title

8-30-17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Candace Meredith for Andy Stebbins
Signature of County Treasurer

8/31/17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

MU



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**

Applicant's Name Lincoln and Lancaster County Child Guidance Center			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 2444 O Street		County Lancaster	
City Lincoln	State NE	Zip Code 68510	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
Executive Director	Kathryn McLeese Stephenson, 2444 O Street, Lincoln, NE 68510
President	Jennifer Carter, 941 O Street, Lincoln, NE 68502
President-Elect	John Neal, 3600 Diablo Drive, Lincoln, NE 68516
Secretary	Christine Wilcox, 4243 Pioneer Woods Drive, 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	2007	Uplander Ext Sport Van	1GNDV23117D209485	09/2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

This vehicle is used to transport extended day treatment clients to and from appointments and outings.

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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here _____ Finance Director 8/30/17
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION	
<input checked="" type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
_____ Signature of County Treasurer Date <u>8/31/17</u>	

FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
_____ Authorized Signature Date	

PLEASE RETAIN A COPY FOR YOUR RECORDS.

AM



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.

Applicant's Name: Lincoln Lutheran School Association

Street or Other Mailing Address: 1100 N 56th

City: Lincoln State: Ne Zip Code: 68504

County: 2 State Where Incorporated: Ne

Type of Ownership:
 Nonprofit Corporation
 Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<u>Executive Director</u>	<u>Scott Ernstmeyer 1100 N 56 Lincoln Ne 68504</u>

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
<u>Thomas Bus</u>	<u>1997</u>	<u>BUS</u>	<u>1T88R4B24V1143659</u>	<u>9/17</u>
<u>International Bus</u>	<u>1999</u>	<u>BUS</u>	<u>1HV86AAR2KA622054</u>	<u>9/17</u>
<u>Ford Econoline</u>	<u>2009</u>	<u>Van</u>	<u>1FBNE31LX9DA64123</u>	<u>9/17</u>
<u>Ford Econoline</u>	<u>2009</u>	<u>van</u>	<u>1FBNE34L49DA74677</u>	<u>9/17</u>
<u>GMC Savanah</u>	<u>2010</u>	<u>VAN</u>	<u>1G0ZG-RDG-3A1175509</u>	<u>9/17</u>

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

Pupil transportation
Transport students to 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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Authorized Signature

Title

Date

[Signature] Executive Director 9/1/17

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: _____

[Signature] 9-6-17

Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: _____

Authorized Signature Date

4W



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**

Applicant's Name My Bridge Radio			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 723 Lancashire Ct		County Lancaster	
City Lincoln	State NE	Zip Code 68510-5216	State Where Incorporated Nebraska

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	1FTEX1EM4CFG57568	August 30, 2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 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 station in Nebraska, with stations and translators located from Alliance to Omaha and Valentine to Shubert. 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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here Carolyn Simmons secretary 8-30-2017
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL

Candace Meredith for Andy Mottling 8/31/17
 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.

CMS



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.

Applicant's Name People's City Mission			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address PO Box 80636, 110 Q St		County Lancaster	
City Lincoln	State NE	Zip Code 68501-0636	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Chief Executive Officer	R Thomas Barber, 2824 Homeland Pl, Lincoln, NE 68521
Chief Financial Officer	Jeff Tyson, 1926 W Mulberry Crl, Lincoln, NE 68522
Chief Operating Officer	Amy Pappas, 2904 S 59th St, 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
Buick Rendezvous	2005	Sport Util	3G5DB03E05s28146	08/23/17

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

Used for client and administrative transportation; pick up and delivery of donation

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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign
here

Authorized Signature

Accounting Manager

08/29/2017

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Candace Meredith on behalf
Signature of County Treasurer

8/31/17
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

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

FORM
457

Applicant's Name People's City Mission			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address PO Box 80636, 110 Q St		County Lancaster	
City Lincoln	State NE	Zip Code 68501-0636	State Where Incorporated NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Chief Executive Officer	R Thomas Barber, 2824 Homeland Pl, Lincoln, NE 68521
Chief Financial Officer	Jeff Tyson, 1926 W Mulberry Cr, Lincoln, NE 68522
Chief Operating Officer	Amy Pappas, 2904 S 59th St, 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
Ford LCF 450	2006	Tilt Cab	3FRLL45ZX6V247211	08/21/17

Exempt Uses of Motor Vehicle:
 Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:
Used for pick up and delivery of donations

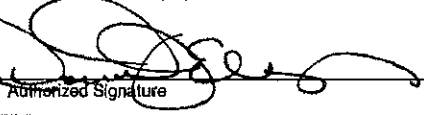
Are the motor vehicles used exclusively as indicated?

YES NO

If No, give percentage of exempt use:
 _____%

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here


 Authorized Signature

Accounting Manager

08/24/2017

Title

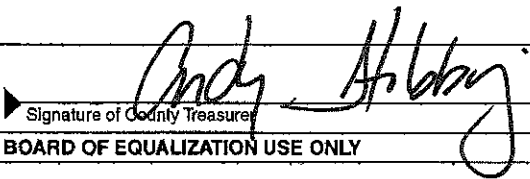
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

DISAPPROVAL

COMMENTS: _____


 Signature of County Treasurer

8/24/17
 Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

DISAPPROVAL

COMMENTS: _____

Authorized Signature

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.





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

Applicant's Name
Sacred Winds Native United Methodist Church

Street or Other Mailing Address
2400 S 11th St.

City
Lincoln

State
NE

Zip Code
68502

County
Lancaster

State Where Incorporated
NE

Type of Ownership
 Nonprofit Corporation
 Other (specify):
Church

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
President	Linda Quenzer, 727 S 18th St., Lincoln, NE 68508
Secretary	Loretta McGeisy, 3153 N Hill Rd., #205, Lincoln, NE 68504
Director	Willie Spencer, 1501 Hilltop Rd., #109, Lincoln, NE 68521
Director	Gene Boeltcher, 623 W Fairfield, 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
Dodge	2000	van	1B4GP44G6YB809833	Sept. 2017

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 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:

Van is used to pick up and drop off members for church events and services.

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Linda Quenzer
Authorized Signature

Pastor/President
Title

8-29-17
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Candace Meredith on behalf of Andy McKim
Signature of County Treasurer Date *8/31/17*

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

Handwritten initials



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.

Applicant's Name <i>Sisters of Mary, Queen of Mercy</i>			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address <i>9141 South 78th Street</i>		County <i>Lancaster</i>	
City <i>Lincoln</i>	State <i>NE</i>	Zip Code <i>68516</i>	State Where Incorporated <i>NE</i>

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
<i>Second General Assistant</i>	<i>Sister Mary Clare Vu, 9141 South 78th Street Lincoln, NE 68516</i>
	<i>phone 402-421-1704</i>

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
<i>please see the attachment sheet for eight vehicles</i>				<i>Sept- option</i>
<i>Thank You</i>				

Exempt Uses of Motor Vehicle:

- Agricultural/Horticultural
 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:

Transportation for community purposes to Church, education, Religious ceremonies, school, work, social services with charity purposes, and for the Administrative duties for the Diocese of Lincoln, Nebraska

If No, give percentage of exempt use: _____ %

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Sr Mary Clare
Authorized Signature

Second General Assistant
Title

August 17, 2017
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Stibbig
Signature of County Treasurer

8/24/17
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

AM

Sisters of Mary, Queen of Mercy
9141 S. 78th Street
Lincoln, NE 68516
Telephone (402) 421-1704

August 17th , 2017

To: Andy Stebbing
Lancaster County Treasurer
Motor Vehicle Division
625 N. 46th Street
Lincoln, NE 68503-3720

To Whom It May Concern,

I would like to ask for the Tax Exemption on the motor vehicles owned by our Congregation, a Nonprofit Organization with the Applicant name: Sisters of Mary, Queen of Mercy. Our address is at the top right of this letter.

These vehicles are registration as September's option. The multiple classifications for use are: transportation for community purposes to Church, education, Religious ceremonies, school, work, social services with charity purposes, and for the administrative duties for the Diocese of Lincoln, Nebraska.

<u>Vehicle Model</u>	<u>Make Year</u>	<u>Body Style</u>	<u>Vehicle Identification Number</u>
1- Regal/Gran sport	Buick 1995	2D Coupe	2G4WB12L8S1425177
2- Villager	Mercury 1999	Sport Van	4M2XV11T5XDJ17472
3- Deville(FWD)	Cadillac 2002	4D Sedan	1G6KD54Y32U293904
4- Civic U.S LX-S	Honda 2009	4D Sedan	2HGFA16629H335697
5- Camry LE	Toyota 2013	4D Sedan	4T1BF1FK4DU665810
6-Versa SV/SL	Nissan 2014	4D Sedan	3N1CN7AP7EL856198
7-Versa Note/SV/SR	Nissan 2015	4D Hatchback	3N1CE2CP7FL374302
8- Versa Note/SV/SR	Nissan 2015	4D Hatchback	3N1CE2CPXFL398626

This information is in additional to the Form 457 of Exemption Application. Thank you for your consideration.

Sincerely,



Sister MaryClare Vu

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

Applicant's Name: St John the Apostle Church

Street or Other Mailing Address: 7601 Vine Street

City: Lincoln State: NE Zip Code: 68505

County: Lancaster State Where Incorporated: NE

Type of Ownership:
 Nonprofit Corporation
 Other (specify): _____

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Most Rev James D. Conley	President, 3400 Sheridan Blvd, Lincoln, NE 68506
Rev. Msgr. Timothy Tharburn	Vice, Pres., 3400 Sheridan Blvd, Lincoln, NE 68506
Rev. Lyle M. Johnson	Sec/Treas, 7601 Vine Street, 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
Ford	2000	4dr Extend Cab SRW Super Duty F250	1FTNX21L4YEB27516	8/29/2017

Exempt Uses of Motor Vehicle:
 Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

It will be used to clear snow from church and school parking lots, to pick up supplies for church and school, haul yard waste.

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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here

Lyle M. Johnson Sec/Treas 8/29/2017
Authorized Signature Title Date
Pastor

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Andy Shabby 9-6-17
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature Date

aw

Serial Number
1293100

0000030

Nebraska Department of Revenue

To cancel, see instructions on reverse

NONTRANSFERABLE
STATE IDENTIFICATION NO
005-000573078

DATE 02/16/2011

EXEMPT ORGANIZATION CERTIFICATE OF EXEMPTION

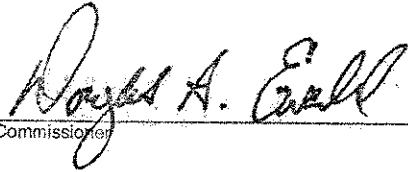
LOCATION ADDRESS

MAILING ADDRESS

ST JOHN CATHOLIC CHURCH OF LINCOLN
7601 VINE STREET
LINCOLN NE 68505

ST JOHN CATHOLIC CHURCH OF LINCOLN
7601 VINE STREET
LINCOLN NE 68505

RETAIN THIS FOR YOUR RECORDS


Tax Commissioner

This works for the SOIC3

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
ST JOHN C ATHOLIC CHURCH OF LINCOLN

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Exemptions (see instructions):
 Exempt payee code (if any) 5
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
7601 VINE STREET

City, state, and ZIP code
LINCOLN, NE 68505

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--	--	--	--	--	--	--

Employer identification number

4	7	-	0	4	4	6	6	4	8
---	---	---	---	---	---	---	---	---	---

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ 8/29/2017

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.


**Office of the General Counsel**

5111 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 9, 2007

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2007 Group Ruling

FROM: Jeffrey Moon, General Counsel (Acting) 
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2007 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2007 edition of the Official Catholic Directory ("OCD").¹ As explained in greater detail below, this ruling is important for establishing:

- (1) the exemption of such organizations from:
 - (a) federal income tax;
 - (b) federal unemployment tax (but see ¶4 of "Explanation" below); and
- (2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2007 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD.² The 2007 Group Ruling is consistent with the 2006 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

¹ A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

² Catholic organizations with independent IRS exemption determination letters are listed in the 2007 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.



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

Applicant's Name The Bridge Behavioral Health, Inc.			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify):
Street or Other Mailing Address 721 K Street		County Lancaster	
City Lincoln	State NE	Zip Code 68508	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President	Mariana Munoz de Schell, 4840 Doris Bair Circle, Suite A, Lincoln NE 68504
Vice President	Lloyd Hinkley, 5440 Fairdale, Lincoln, NE 68510
Secretary	Todd Duncan, 575 South 10th Street, Lincoln NE 68510
Treasurer	Pat Hunter-Pirtle, 5905 O 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	2003	F2S	1FTNF21L03EC41086	9/2017
Ford	2004	E-350 Van	1FBNE31L44HA47609	9/2017
Ford	1997	CS3	1FBJS21SXVHB06310	9/2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 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:
 These vehicles are used to transport the Agency's clients and supplies to/from appointments and self help groups. Supplies are typically food from the Food Bank

Under penalties of law, I declare that I have examined this application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here _____ Business Manager 8-29-17
Date
Authorized Signature Title

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____
 DISAPPROVAL

_____ 8/31/17
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.

AW



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**

Applicant's Name Women In Community Service Inc			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 1935 D Street		County Lancaster	
City Lincoln	State NE	Zip Code 68502	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
President	Jerry Thraen, 12500 Havelock Ave, Lincoln NE 68527
Secretary	Sarah Lounsbury, 4226 S 52nd St, Lincoln NE 68506
Treasurer	Patty Bollinger, 4810 S 72nd St, Lincoln NE 68516
Executive Director	Tauni Waddington, 1935 D Street, 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	2008	WSD	1FBNE31L38DA20687	9/2017
Dodge	1999	SSP	1B4GP45G3XB910857	9/2017
Hyundai	2016	ELANTRA	KMHDH4AD2GUTW0584	9/2017

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural
 Educational
 Religious
 Charitable
 Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:

These vehicles are used to transport the residents of WICS Residence for Girls to and from appointments, school, recreational activities, and other necessary trips for their well being and welfare.

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 application and that it is, to the best of my knowledge and belief, true, complete, and correct. I also declare that I am duly authorized to sign this exemption application, and that the organization owning the above-listed property does not discriminate in membership or employment based on race, color, or national origin.

sign here Executive Director 8/24/2017
 Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION	
<input checked="" type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
Signature of County Treasurer 8/31/17 Date	

FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
<input type="checkbox"/> APPROVAL	COMMENTS: _____
<input type="checkbox"/> DISAPPROVAL	_____
_____ Authorized Signature Date	

PLEASE RETAIN A COPY FOR YOUR RECORDS.

CWJ