



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 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	Julle 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

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

Julle Spader
Authorized Signature

Sec'y/Treasurer
Title *6/1/18*
Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Candace Meredith, Chief Deputy
Signature of County Treasurer *6/6/18*
Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature _____
Date

PLEASE RETAIN A COPY FOR YOUR RECORDS.

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FORM
457

Applicant's Name Christian Retirement Homes, Inc. dba Eastmont Towers			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 6315 O Street		County Lancaster	
City Lincoln	State NE	Zip Code 68510	State Where Incorporated Nebraska

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Carol Ernst, 548 Half Moon Bay, Lincoln, NE 68527
Health Care Administrator	Beth Neisen, 5303 Meredith St., Lincoln, NE 68506
Director of Facilities	John Schweitzer, 7000 Eagle Ridge Circle, Lincoln, NE 68516
Director of Financial Services	Michele Kelley, 6835 South 176th St., Walton, 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
MV-1 LX	2014	LX	57WML1A61EM101335	8/31/2015
Toyota Sienna	2011	SLE	5TDKK3DC4BS032023	6/13
Ford F250 Pickup	2004	F2S	3FTNF21S74MA06302	12/20/2012
Ford E350 Van	2004	WSD	1FBSS31L34HA29534	12/20/2012
Blue Bird Champion	2003	BUS	1FDWE35L53HB84949	11/2012

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

Give detailed description of use, including an explanation if multiple use classifications exist:
Provide transportation for residents to and from hospitals, clinic, offices for therapy and medical evaluation, educational, religious, or cemetery 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 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

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer

Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature

Date

[Handwritten signature]



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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FORM
457

Applicant's Name
GOOD NEIGHBOR COMMUNITY CENTER

Type of Ownership

Nonprofit Corporation

Other (specify):

Street or Other Mailing Address
2617 Y STREET

County
LANCASTER

City
LINCOLN

State
NE

Zip Code
68503

State Where Incorporated
NE

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Executive Director	Tom Randa - 3622 South 52nd Street Lincoln, NE 68506
Board Chairman	Marvin Almy - 10541 North 144th Street Waverly, NE 68462
Board Secretary	Carol Leonhardt - 6530 South 66th Street Lincoln, NE 68516
Treasurer	Jerry Wiggle - 1949 North Gate Rd. 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 E-Series Van XLT	2014	Standard Passenger Van	1FBNE3BL8EDA08237	6/12/2018

Exempt Uses of Motor Vehicle:

Agricultural/Horticultural Educational Religious Charitable Cemetery

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

The van will be used to transport refugees and immigrants to access basic and emergency needs, go to medical appointments, gym, and make it possible for them to attend various classes at the Good Neighbor Community Center that will help them become self-sufficient in the long run with an emphasis on health classes. It was acquired from a grant by Community Health Endowment whose goal is to make Lincoln the Healthiest city in the country.

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

Executive Director

5/31/18

Title

Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Signature of County Treasurer Date 06/06/18

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 filled with your county treasurer.
• Read instructions on reverse side.

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
Dodge	2018	Grand Caravan SE	2C4RDGBG8JR181032	5/7/2018

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:

These vehicles are used to transport residential clients to and from appointments and outings.

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

Brad Schultz
Authorized Signature

Finance Director

5/31/18
Date

Title

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL

COMMENTS: _____

DISAPPROVAL

Candace Mendelke, Chief Deputy *06/06/18*
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL

COMMENTS: _____

DISAPPROVAL

Authorized Signature Date

CM



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**FORM
457**

Applicant's Name NEBRASKA WESLEYAN UNIVERSITY			Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____
Street or Other Mailing Address 5000 ST. PAUL AVE		County LANCASTER	
City LINCOLN	State NE	Zip Code 68504	State Where Incorporated NEBRASKA

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code
PRESIDENT	FRED OHLES 5000 ST. PAUL AVE LINCOLN, NE 68504
VP-FINANCE	TISH GADE-JONES 5000 ST. PAUL AVE LINCOLN, NE 68504
CONTROLLER	GREG MASCHMAN 5000 ST. PAUL AVE LINCOLN, NE 68504

DESCRIPTION OF THE MOTOR VEHICLES • Attach an additional sheet, if necessary.				
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
CHEVROLET	2018	4-DOOR	1G1ZB5ST0JF111922	05/29/2018

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 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 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 _____ Title **ASST. CONTROLLER** Date **06/01/18**

FOR COUNTY TREASURER RECOMMENDATION	
<input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	COMMENTS: _____ <div style="text-align: right;"> _____ Signature of County Treasurer Date 06/06/18 </div>

FOR COUNTY BOARD OF EQUALIZATION USE ONLY	
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	COMMENTS: _____ <div style="text-align: right;"> _____ Authorized Signature Date </div>





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: Way of God Thru Jesus Christ Church Ministries Inc.

Street or Other Mailing Address: 841 S. 47th Street #326

City: Lincoln State: Ne Zip Code: 68510 State Where Incorporated: Nebraska

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

IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION

Title	Name, Address, City, State, Zip Code
Bishop	J. H. Anderson 841 S. 47th Street
Linda Anderson	" " " "
Bob Stewart	Homestead Nursing Home

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
NISS	2012	4 Dr. Sedan	1N4AL2AP2CN573661 1N4AL2AP2CN573661	6/2018

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:
This car is used for all church service, charity work, funerals etc.

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

Bishop James H. Anderson Bishop 6/5/2018
Authorized Signature Title Date

FOR COUNTY TREASURER RECOMMENDATION

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Candace Meredith, Chief Deputy 6/06/18
Signature of County Treasurer Date

FOR COUNTY BOARD OF EQUALIZATION USE ONLY

APPROVAL COMMENTS: _____

DISAPPROVAL _____

Authorized Signature Date

(Handwritten mark)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 18 2017

WAY OF GOD THRU JESUS CHRIST CHURCH
MINISTRIES INC
C/O JAMES H ANDERSON JR
841 S 47TH ST STE 326
LINCOLN, NE 68510-3715

Employer Identification Number:
81-4836650
DLN:
17053074333037
Contact Person:
MR. DAVIS ID# 31636
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(i)
Form 990/990-EZ/990-N Required:
No
Effective Date of Exemption:
January 6, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

Serial Number

1545719

Nebraska Department of Revenue

• To cancel, see instructions on reverse

0000184

NONTRANSFERABLE
STATE IDENTIFICATION NO
005-012847917

DATE 03/14/2017

EXEMPT ORGANIZATION CERTIFICATE OF EXEMPTION

LOCATION ADDRESS

MAILING ADDRESS

WAY OF GOD THRU JESUS CHRIST CH MIN INC
3615 N 44TH ST STE A
LINCOLN NE 68504-1601

BISHOP JAMES H ANDERSON JR
841 S 47TH ST STE 326
LINCOLN NE 68510

RETAIN THIS FOR YOUR RECORDS

Tony Fulton
Tax Commissioner