Nebraska Department of REVENUE PROPERTY ASSESSMENT	гогм 457					
Applicant's Name Christian Heritage Childre	on's Homos					Type of Ownership
Street or Other Mailing Address				County		Nonprofit
14880 Old Cheney Road					ncaster	Corporation
ity		State Zip Code		State Where Ir		Other (specify
Walton		NE 68461		10 million (10 mil	braska	
		ECTORS, OR PARTNERS OF				
le			THE NONPRO	OFIT ORGAN	IZATION	
esident	Name, Address, City, S					
		Old Cheney Road, Walton, N				
ecretary/Treasurer econd Vice President		0 Old Cheney Road, Walton, N 0 Old Cheney Road, NE 68461	E 68461			
	Bildir Rader, 14000	Old Chelley Road, NE 68461				
		SCRIPTION OF THE MOTOR V tach an additional sheet, if n				
Motor Vehicle Make	Model Year	Body Type	v	ehicle ID Numb	Der	Registration Date o Date of Acquisition if Newly Purchased
onda	2017	Accord Sedan	1HG	CR2F39HA11	4599	07/31/2017
mpt Uses of Motor Vehicle:			L		Are the motor as indicated?	vehicles used exclusively
Agricultural/Horticultural ve detailed description of use, includ imarily used to meet with	ding an explanation if multiple u n foster care superviso	rs in Kearney and Omah	a, CH done	metery ors all	YES	
Agricultural/Horticultural we detailed description of use, includ imarily used to meet with er Nebraska, Tours of ou ofessional meetings. It's ely. Also, used to visit fos Under penalties of law,	ding an explanation if multiple un n foster care superviso ur Mission in Omaha a possible one may be u ster families and childr	se classifications exist: Irs in Kearney and Omah Ind Lincoln, as well as va Used to transport foster o ren from time-to-time.	a, CH dong rious other hildren, bu	ors all r t not wledge and belie	If No, give perc	centage of exempt use:
Agricultural/Hortlcultural we detailed description of use, includ imarily used to meet with er Nebraska, Tours of ou ofessional meetings. It's ely. Also, used to visit fos Under penalties of law, also declare that I am d in membership or emplo	ding an explanation if multiple un n foster care superviso ur Mission in Omaha a possible one may be u ster families and childr I declare that I have examined to luly authorized to sign this exem oyment based on race, color, or	se classifications exist: Ins in Kearney and Omah Ind Lincoln, as well as va Used to transport foster of ren from time-to-time.	best of my knownization owning	ors all r t not wledge and belie the above-listed	If No, give perc	centage of exempt use: 6 le, and correct. I not discriminate
Agricultural/Hortlcultural ve detailed description of use, includ imarily used to meet with ver Nebraska, Tours of ou ofessional meetings. It's ely. Also, used to visit fos Under penalties of law, also declare that I am d in membership or emple Sign Authorized Signature	ding an explanation if multiple un n foster care superviso ur Mission in Omaha a possible one may be u ster families and childr I declare that I have examined to luly authorized to sign this exem loyment based on race, color, or pado FOR C	se classifications exist: rs in Kearney and Omah ind Lincoln, as well as va- used to transport foster of ren from time-to-time. this application and that it is, to the ption application, and that the organ r national origin. <u>Security</u>	best of my knownization owning	ors all r t not wledge and belie the above-listed	If No, give perc	centage of exempt use: 6 le, and correct. I not discriminate
Agricultural/Horticultural ve detailed description of use, inclue imarily used to meet with ver Nebraska, Tours of ou ofessional meetings. It's ely. Also, used to visit fos Under penalties of law, also declare that I am d in membership or emple Sign Authorized Signature	ding an explanation if multiple un n foster care superviso ur Mission in Omaha a possible one may be u ster families and childr I declare that I have examined to luly authorized to sign this exem loyment based on race, color, or pado FOR C	se classifications exist: ors in Kearney and Omah nd Lincoln, as well as va used to transport foster of ren from time-to-time. this application and that it is, to the ption application, and that the organ r national origin.	best of my knownization owning	ors all r t not wledge and belie the above-listed	If No, give perc	centage of exempt use: 6 le, and correct. I not discriminate
Agricultural/Horticultural ve detailed description of use, inclue imarily used to meet with ver Nebraska, Tours of ou ofessional meetings. It's ely. Also, used to visit fos Under penalties of law, also declare that I am d in membership or emple Sign Authorized Signature	ding an explanation if multiple un n foster care superviso ur Mission in Omaha a possible one may be u ster families and childr I declare that I have examined to luly authorized to sign this exem loyment based on race, color, or pado FOR C	se classifications exist: rs in Kearney and Omah ind Lincoln, as well as va- used to transport foster of ren from time-to-time. this application and that it is, to the ption application, and that the organ r national origin. <u>Security</u>	best of my knownization owning	ors all r t not wledge and belie the above-listed	If No, give perc	centage of exempt use: 6 le, and correct. I not discriminate
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Agricultural/Horticultural ve detailed description of use, includ imarily used to meet with ver Nebraska, Tours of ou ofessional meetings. It's ely. Also, used to visit fos Under penalties of law, also declare that I am d in membership or emple sign Authorized Signature Authorized Signature AppRoVAL	ding an explanation if multiple un n foster care superviso ur Mission in Omaha a possible one may be u ster families and childr I declare that I have examined fully authorized to sign this exem oyment based on race, color, or pace for color.	se classifications exist: rs in Kearney and Omah ind Lincoln, as well as va- used to transport foster of ren from time-to-time. this application and that it is, to the ption application, and that the organ r national origin. <u>Security</u>	best of my known nization owning MENDATION	ors all r t not wledge and bellie the above-listed	If No, give perc	te, and correct. I not discriminate
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PROPERTY ASSESSMENT	rom Motor Vehicle T	Cation for Exe axes by Qualifying N • To be filed with your county • Read Instructions on reverse	onprofit Organizatio	ons	FOI
Applicant's Name					Type of Owne
Christian Retirement Hones, Street or Other Mailing Address	Inc. dba Eastmont To	owers			Nonpr
6315 O Street			County	ncaster	Corpo
City	Stat	te Zip Code	State Where		Other
Lincoln	NE			braska	
		ORS, OR PARTNERS OF T			
Title	Name, Address, City, State				
Executive Director		on Bay, Lincoln, NE 68527			
Health Care Administrator		eth St., Lincoln, NE 68506			
Director of Facilities	John Schweitzer, 7000 Ea	agle Ridge Circle, Lincoln, NE	8516		
Director of Financials Services	Michele Kelley, 6835 Sou	th 176th St., Walton, NE 68461			
		RIPTION OF THE MOTOR V			
Motor Vehicle Make	Model Year	Body Type	Vehicle ID Num	ber	Registration Date of Acc
					If Newly Pu
MV-1 LX	2014	LX	57WML1A61EM1		8/31/2
Toyota Sienna	2011	SLE	5TDKK3DC4BS0		6/1:
Ford F250 Pickup	2004	F2S	3FTNF21S74MA		12/20/2
Ford E350 Van	2004	WSD	1FBSS31L34HA		12/20/2
Blue Bird Champion Exempt Uses of Motor Vehicle:	2003	BUS	1FDWE35L53HB		11/20 vehicles used exc
			Cemetery		
Agricultural/Horticultural	ts to and from hospitals	classifications exist:		YES If No, give perc	
Give detailed description of use, including a Provide transportation for resident evaluation, educational, religious, Under penalties of law, I dec also declare that I am duly ar in membership or employme sign	an explanation if multiple use of ts to and from hospitals or cemetery purposes.	classifications exist: , clinic, offices for therapy application and that it is, to the n application, and that it evrgar	y and medical	If No, give pero	centage of exemp 6 te, and correct. I
Give detailed description of use, including a Provide transportation for resident evaluation, educational, religious, Under penalties of law, I dec also declare that I am duly a in membership or employme	an explanation if multiple use of ts to and from hospitals or cemetery purposes.	classifications exist: , clinic, offices for therapy application and that it is, to the n application, and that it evrgar	y and medical best of my knowledge and be lization owning the above-list	If No, give pero	te, and correct. I not discriminate
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Give detailed description of use, including a Provide transportation for resident evaluation, educational, religious, Under penalties of law, I dec also declare that I am duly at in membership or employme sign here Authorized Signature	an explanation if multiple use of ts to and from hospitals or cemetery purposes. Clare that I have examined this uthorized to sign this exemption and based on race, color, or na FOR COU COMMEN	application and that it is, to the organ application, and that it is, to the organ tional origin.	y and medical best of my knowledge and be ization owning the above-list of test IMENDATION IMENDATION	If No, give pero	te, and correct. I not discriminate
Give detailed description of use, including a Provide transportation for resident evaluation, educational, religious, Under penalties of law, I dec also declare that I am duly at in membership or employme Sign Authorized Signature	an explanation if multiple use of ts to and from hospitals or cemetery purposes. Clare that I have examined this uthorized to sign this exemption and based on race, color, or na FOR COU COMMEN	application and that it is, to the organ application, and that it is, to the organ tional origin.	y and medical best of my knowledge and be ization owning the above-list of test IMENDATION IMENDATION	If No, give pero	te, and correct. I not discriminate
Give detailed description of use, including a Provide transportation for resident evaluation, educational, religious, Under penalties of law, I dec also declare that I am duly at in membership or employme sign here Authorized Signature	an explanation if multiple use of ts to and from hospitals or cemetery purposes. Clare that I have examined this uthorized to sign this exemption and based on race, color, or na FOR COU COMMEN	application and that it is, to the organ application, and that it is, to the organ tional origin.	y and medical best of my knowledge and be ization owning the above-list of test IMENDATION IMENDATION	If No, give pero	te, and correct. I not discriminate

A

Nebraska Department of
REVENUE
PROPERTY ASSESSMENT
Applicant's Name

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM

 			11011010111	e gain
 To be f 	iled with	vour cou	nty treasurer.	-

• Read Instructions on reverse side.

457
Type of Ownership

GOOD NEIGHBOR COM	JUNITY CENTER			Nonprofit
Street or Other Mailing Address 2617 Y STREET				Corporation
	State NE	Zip Code 68503	State Where Incorporated NE	Currer (speering).
ID	ENTIFY OFFICERS, DIRECTORS, OR	PARTNERS OF THE NO	ONPROFIT ORGANIZATION	
Title	Name, Address, City, State, Zip Code			
Executive Director	Tom Randa - 3622 South 52nd S	Street Lincoln, NE 68506		Art
Board Chairman	Marvin Almy - 10541 North 144th	Street Waverly, NE 684	162	
Board Secretary	Carol Leonhardt - 6530 South 66	ith Street Lincoln, NE 68	516	and the second sec
Treasurer	Jerry Wiggle - 1949 North Gate F	Rd. Lincoln, NE 68521		

		ESCRIPTION OF THE MOTOR VE Attach an additional sheet, if ne				
Motor Vehicle Make Model		Body Type	Vehicle ID Number		Registration Date or Date of Acquisition, if Newly Purchased	
Ford E-Series Van XLT	2014	Standard Passenger Van	1FBNE3BL8EDA	08237	6/12/2018	
empt Uses of Motor Vehicle:	ional	Religious [X] Charitable		Are the motor as indicated?	vehicles used exclusively	
ive detailed description of use, including an expla	nation if multiple	use classifications exist:		YES	NO	
he van will be used to transport ref eeds, go to medical appointments, asses at the Good Neighbor Comm le long run with an empashis on he lealth Endowment whose goal is to	gym, and m nunity Cente alth classes make Linco	ake it possible for them to er that will help them becon , It was aquired from a gra	attend various ne self-sufficient in nt by Community country.	%		
	d to sign this exer	mption application, and that the organiz				
sign	~		ecutive Director	5	/31/18	
here Authorized Signature	505	Title		Date		
	FUR	COUNTY TREASURER RECOMM	MENDATION			
APPROVAL	COM	MENTS:				
DISAPPROVAL		No. 111	an da antigen de germane estatemente			
		Signature of County Treasu	leredith, Ch	inf Depi	th 04/06/1.	
	FOR CO	UNTY BOARD OF EQUALIZATI	ON USE ONLY			
APPROVAL	COM	MENTS:				
		Authorized Signature			Date	
ebraska Department of Revenue 5-253-2006 Rev. 8-2011 Supersedes 96-253-2006 Rev. 5-2		SE RETAIN A COPY FOR YOUR		at. §§ 77-202(1)(c)	and (d), and 60-3,185, and 60-3,1	
					\bigcap	

REVENUE PROPERTY ABSESSMENT	from Motor Vehicl	lication for Exe e Taxes by Qualifying N • To be filed with your county • Read instructions on revers	onprofit Organizat	tions	FORM 457
pplicant's Name		• Head Instructions on revers	<u>e sido,</u>		Type of Ownership
Lincoln and Lancaster Cou	nty Child Guidance	Center			
reet or Other Mailing Address			County		Nonprofit Corporation
2444 O Street		Lancaster			
lty	, , , , , , , , , , , , , , , , , , , ,	State Zip Code	State Wher	e Incorporated	Other (specify
Lincoln		NE 68510		NE	
IDE	NTIFY OFFICERS. DIRI	ECTORS, OR PARTNERS OF	THE NONPROFIT ORG	ANIZATION	
e	Name, Address, City, S				
ecutive Director		Stephenson, 2444 O Street, Lir	coln NE 68510		
esident		1 O Street, Lincoln, NE 68502		·····	
esident-Elect		iablo Drive, Lincoln, NE 68516			
ecrertary		243 Pioneer Woods Drive, Lind	oln NE 68506		
, or or carry		210 Tionoor Woodb Brive, Line			
		SCRIPTION OF THE MOTOR ttach an additional sheet, if n		, , 	
Motor Vehicle Make	Model Year	Rody Type	Vehicle (D. Nu	mbor	Registration Date of
		Body Type	Vehicle (D Nu		Date of Acquisition If Newly Purchase
odge	2018	Grand Caravan SE	2C4RDGBG8JF	181032	5/7/2018
mpt Uses of Motor Vehicle:					vehicles used exclusively
Agricultural/Horticultural	Educational	Religious K Charitable	Cemetery	as indicated?	
e detailed description of use, includin	ng an explanation if multiple (use classifications exist:		YES	NO
ese vehicles are used to t					
tings.				li tret gite pere	entage of exempt use:
				%	>
Linder penalties of law 1	teclare that I have examined	this application and that it is, to the	hast of my knowledge and l	allof true complet	n and correct I
also declare that I am duly	y authorized to sign this exem	ption application, and that the orga	nization owning the above-li	sted property does	not discriminate
In membership or employ	ment based on race, color, o	r national origin.			
sign And	Schilt		Finance Director	5	RIIR
Authorized Signature	Same	Tille		Date	/ allia
• • • • •	FURC	OUNTY TREASURER RECO	WIVIENDATION		
	COM				
APPROVAL	COMIN	MENTS:	•••••••••••••••••••••••••••••••••••••••		
	COMIN	/ENTS:			
APPROVAL		/ENTS:			
		/ENTS:	M	11	
		Candou	Meriditel	Chief Dy	and OG JOL 1
		Signature of County Tree		Chief Dy	ang OG/OL/ Date
		Candou		Chief Dy	arts DG/OL/
		Signature of County Tree		Chief Dy	arts 06/01/
	FOR CO	Signature of County Tree	TION USE ONLY	Chief Dy	arts 26/01/
] DISAPPROVAL	FOR CO	Signature of County Trea	TION USE ONLY	Chief Dy	arts <u>Date</u>
] DISAPPROVAL	FOR CO	Signature of County Trea	TION USE ONLY	Chief Dy	arts 06/01/
_] DISAPPROVAL	FOR CO	Signature of County Trea	TION USE ONLY	Chief Dy	ang Ob /or /
] DISAPPROVAL	FOR CO	Signature of County Trea	TION USE ONLY	Chief Dy	arts DG/OL/
] DISAPPROVAL	FOR CO	Signature of County Trea	TION USE ONLY	Chief Dy	Date
] DISAPPROVAL	FOR CO	Signature of County Tree	TION USE ONLY		
DISAPPROVAL APPROVAL DISAPPROVAL DISAPPROVAL	FOR COL	Signature of County Tree	TION USE ONLY		
_] DISAPPROVAL] APPROVAL] DISAPPROVAL sraska Department of Revenue	FOR CO COMM	Signature of County Tree	TION USE ONLY Authorized by Neb. Rev		
_] DISAPPROVAL] APPROVAL] DISAPPROVAL sraska Department of Revenue	FOR CO COMM	Signature of County Trea UNTY BOARD OF EQUALIZA MENTS:	TION USE ONLY Authorized by Neb. Rev		
_] DISAPPROVAL] APPROVAL] DISAPPROVAL sraska Department of Revenue	FOR CO COMM	Signature of County Trea UNTY BOARD OF EQUALIZA MENTS:	TION USE ONLY Authorized by Neb. Rev		
DISAPPROVAL APPROVAL DISAPPROVAL braska Department of Revenue	FOR CO COMM	Signature of County Trea UNTY BOARD OF EQUALIZA MENTS:	TION USE ONLY Authorized by Neb. Rev		
APPROVAL	FOR CO COMM	Signature of County Trea UNTY BOARD OF EQUALIZA MENTS:	TION USE ONLY Authorized by Neb. Rev		Date Date

REVENUE PROPERTY ASSESSMENT	om Motor Vehicle	ication for Exe Taxes by Qualifying N • To be filed with your county • Read Instructions on revers	onprofit C	n Drganizatio	ns	говм 457	
pplicant's Name			c alue,			Type of Ownership	
NEBRASKA WESLEYAN UNI	VERSITY					Nonprofit	
treet or Other Mailing Address 5000 ST. PAUL AVE					ASTER	Corporation	
Ity	State Zip Code State Where Incorporated						
LINCOLN							
IDENTI	FY OFFICERS, DIRE	CTORS, OR PARTNERS OF	THE NONPR	OFIT ORGAN	ZATION		
tle	Name, Address, City, S						
RESIDENT	FRED OHLES 500						
P-FINANCE			COLN, NE 68				
ONTROLLER	GREG MASCHMA	N 5000 ST. PAUL AVE LINC	COLN, NE 68	504			
	DES	SCRIPTION OF THE MOTOR	/EHICLES				
		tach an additional sheet, if n					
Motor Vehicle Make	Model Year	BodyType	V	/ehicle ID Numb	er	Registration Date or Date of Acquisition,	
						if Newly Purchased	
HEVROLET	2018	4-DOOR	1G1	ZB5ST0JF11	1922	05/29/2018	
empt Uses of Motor Vehicle:	Educational	Religious Charitable		metery	Are the motor as indicated?	vehicles used exclusively	
SED BY EMPLOYEES FOR T	HE BUSINESS	OF CARRYING OUT TH				NO centage of exempt use:	
SED BY EMPLOYEES FOR T UTIES. EMPLOYEES ARE N	HE BUSINESS	OF CARRYING OUT TH				centage of exempt use:	
SED BY EMPLOYEES FOR T UTIES. EMPLOYEES ARE NO URPOSES. Under penalties of law, I declar also declare that I am duly auth in membership or employment	THE BUSINESS (OT ALLOWED T ret that I have examined horized to sign this exem	DF CARRYING OUT TH O USE THE VEHICLE F this application and that it is, to the ption application, and that the orga	OR PERS	ONAL	If No, give pero	centage of exempt use: 6	
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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 ska Department of VENU 457 PROPERTY ASSESSMENT Type of Ownership Applicant's Name Nonprofit County Corporation Street or Othe # ? Other (specify): State Zip Code City State Where Incorporat 8510 16 IDENTIFY OFFICERS, DIRECTORS, OR PARTNERS OF THE NONPROFIT ORGANIZATION Name, Address, City, State, Zip Code Titl 5, 1 OME DESCRIPTION OF THE MOTOR VEHICLES • Attach an additional sheet, if necessary. **Registration Date or** Date of Acquisition, if Newly Purchased Vehicle ID Number Model Year Body Type Motor Vehicle Make 55 2012 Are the motor vehicles used exclusively Exempt Uses of Motor Vehicle: as indicated? Religious Charitable Agricultural/Horticultural Educational Cemetery YES NO Give detailed description of use, including an explanation if multiple use classifications exist This Chek is used for all CHurch Service It No, give percentage of exempt use: cHARity WORK, FURNERIAL etc. 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. 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 reduct, Chief Deputs 6/06 Signature of County Treasurer FOR COUNTY BOARD OF EQUALIZATION USE ONLY APPROVAL COMMENTS: _ DISAPPROVAL Authorized Signature Date Nebraska Department of Revenue Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189 96-253-2006 Rev. 8-2011 Supersedes 96-253-2006 Rev. 5-2009 PLEASE RETAIN A COPY FOR YOUR RECORDS.

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

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.

Serial Number 1545719	Nebraska Department of Rev •To cancel, see instructions on reverse	NONTRANSFERABLEN NO
0000184		STATE IDENTIFICATION NO 005-012847917
DATE 03/14/2	017 XEMPT ORGANIZATION CERTIFICATE OF EXE	MPTION
LOCATION ADDRES	S MAILING ADDR	ESS
WAY OF GOD THRU 3615 N 44TH ST LINCOLN NE 68504	JESUS CHRIST ON HAN SHE SZI A KATU CI	H ANDERSON JR STE 326 3510
RETAIN THIS FOR	YOUR RECORDS	Tony Fulton

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