

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

Name of Organization: CLYDE Malone Community CENTER
Name of Owner of Property: 2032 U St.
Street or Other Mailing Address: LINCOLN
City: LINCOLN
State: NE
Zip Code: 68503
County Name: LANCASTER
State Where Incorporated: NEBRASKA
Contact Name: John GOODWIN
Phone Number: 402-474-1110
Email Address: John.goodwin@malonecenter.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Table with 2 columns: Title, Name, Address, City, State, Zip Code. Entries include Kimberly GOINS - EXECUTIVE DIRECTOR and John GOODWIN - DIRECTOR OF OPERATIONS.

Description of the Motor Vehicles
Attach an additional sheet, if necessary.

Table with 5 columns: Motor Vehicle Make, Model Year, Body Type, Vehicle ID Number, Registration Date or Date of Acquisition, if Newly Purchased. Includes entries for Ford T-350 and Chevy Express VG30.

Exempt Uses of Motor Vehicle:
Agricultural and Horticultural Society [] Educational [x] Religious [] Charitable [] Cemetery []

Give detailed description of use, including an explanation if multiple use classifications exist:
VEHICLES ARE USED TO PICK UP CHILDREN FROM SCHOOL. THEY ARE BROUGHT TO THE MALONE CENTER FOR ACTIVITY/SNACK, THEN TAKEN HOME. ALSO VEHICLES ARE USED FOR FIELD TRIPS.

Are the motor vehicles used exclusively as indicated?
[x] YES [] NO
If No, give percentage of exempt use: 100%

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

sign here [Signature]
Authorized Signature

Director of Operations [Signature]
Title Date 11/15/18


For County Treasurer Recommendation

Approval [x] Disapproval []
Comments:
Candice Meredith Chief Deputy 11/2/18
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval [] Disapproval []
Comments:
Authorized Signature Date

Please retain a copy for your records.

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248326132
Apr. 06, 2011 LTR 4168C EO
47-0376577 000000 00
00015871
BODC: TE

MALONE COMMUNITY CENTER
2032 U STREET
LINCOLN NE 68503



036043

Employer Identification Number: 47-0376577
Person to Contact: John Kennedy
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 29, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February 1961.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

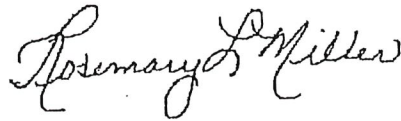
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248326132
Apr. 06, 2011 LTR 4168C E0
47-0376577 000000 00
00015872

MALONE COMMUNITY CENTER
2032 U STREET
LINCOLN NE 68503

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,



Rosemary L. Miller, Operations Mgr.
Accounts Management Oper. 1



P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077350282
Aug. 09, 2017 LTR 4168C 0
47-0376577 000000 00

00028831
BODC: TE

MALONE COMMUNITY CENTER
2030 U STREET
LINCOLN NE 68503

Employer ID Number: 47-0376577
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated May 03, 2017, regarding your tax-exempt status.

We issued you a determination letter in February 1961, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

NEBRASKA

Good Life. Great Service.

DEPARTMENT OF REVENUE

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

FORM
457

Name of Organization VITAL Services, Inc.		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property 6400 Cornhusker Hwy Ste 250		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address		Contact Name Paul Vinton	Phone Number 402-465-5664
City Lincoln	State Ne	Zip Code 68507	Email Address pvinton@vitalservices.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	David Thompson, 1955 Sewell St., Lincoln, NE 68502
Vice President	Kerin Peterson, 1117 Galloway Ave., Lincoln, NE 68512
Treasurer	Sean Gewecke, 805 E. 9th St., Hickman, NE 68372
Secretary	Gary Dickerson, 6222 Oakridge Dr., Lincoln, NE 68516

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				
Dodge Caravan	2013	Minivan SE	2C4RDG6DR782389	11-15-18
Dodge Caravan	2014	Minivan SE	2C4RDGBG1ER26231	11-15-18

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society
 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:
VITAL Services, Inc. provides vocational and residential supports for individuals with developmental disabilities.

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

sign here

Authorized Signature

Paul Vinton for Vital Services

Title

Main Director

Date

11-16-18

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Condor Meredith, Chief Deputy *11/20/18*
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.

Handwritten initials

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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**FORM
457**

Name of Organization Cristo Rey Catholic Church of Lincoln		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Cristo Rey Catholic Church of Lincoln		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 4245 J Street		Contact Name Ramon Decaen	Phone Number 402-488-5087
City Lincoln	State NE	Zip Code 68510	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President	James D. Conley, Catholic Bishop of Lincoln, 3400 Sheridan Blvd., Lincoln, NE 68506
Vice President	Timothy Thorburn, 3400 Sheridan Blvd., Lincoln, NE 68506
Secretary	Ramon Decaen, 4245 J 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
Toyota	2003	Sedan	4T1BE32K43U676924	November 2018
Buick	2003	Sedan	1G4HP52K334186622	November 2018
Ford	1998	Minivan	2FMZA514XWBE49482	November 2018

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Give detailed description of use, including an explanation if multiple use classifications exist:
Used in church ministry service

Are the motor vehicles used exclusively as indicated?
 YES NO

If No, give percentage of exempt use:
_____ %

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

sign here *Ramon Decaen* Pastor 11/15/18
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Disapproval _____

Candace Meredith Chief Deputy 11/20/18
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.

MD

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations
• To be filled with your county treasurer.
• Read instructions on reverse side.

Name of Organization Grace Lutheran Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Grace Lutheran Church		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 2225 Washington ST		Contact Name Sandi	Phone Number 402-474-1505
City Lincoln	State NE	Zip Code 68502	Email Address office@egrace.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President	Curt Mann 4823 S 48 ST, Lincoln, NE 68516
Vice-President	Karen Billings 831 S 45 St, Lincoln, NE 68510
Secretary	Wendy Apple 5221 Francis ST, Lincoln, NE 68504
Treasurer	Jlm Krueger 900 S 51 St, 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
Chevrolet	2013	Champion 15 pass bus	1GB3G3BG1D1122570	Nov 2013

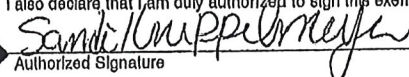
Exempt Uses of Motor Vehicle:
 Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated?
 YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:
Worship service transportation and other church sponsored activities

If No, give percentage of exempt use:
_____ %

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

sign here  Parish Administrator 11/15/18
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Disapproval _____

 Date 11/27/18
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Comments: _____

Disapproval _____

Authorized Signature Date



Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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

Name of Organization Good Neighbor Community Center		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Good Neighbor Community Center		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 2617 Y St.		Contact Name Tom Randa	Phone Number 402.477.4173
City Lincoln	State NE	Zip Code 68503	Email Address tom @ gncoln.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Dr. Kolade Alabi	- Board President - 2617 Y St. Lincoln, NE 68503
Malvin Almy	- Vice President - 2617 Y St. Lincoln, NE 68503
Carol Leunhardt	- Secretary - 2617 Y St. Lincoln, NE 68503

Description of the Motor Vehicles

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Lincoln Town Car Sig.	2006	Sedan	1LNHM82W46Y603806	11/12/18

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated?

- YES
 NO

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

Assist with Good Neighbor Center's programs.

If No, give percentage of exempt use:

_____ %

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

sign here ▶

Authorized Signature

Executive Director

Title

Date

11/16/18

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Candace Meredith, Chief Deputy

Signature of County Treasurer

Date

11/20/18

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations
• To be filled with your county treasurer.
• Read instructions on reverse side.

Name of Organization: Sheridan Lutheran Church
 Type of Ownership: Nonprofit Corporation Other (specify): _____
 Name of Owner of Property: _____
 County Name: Concastor State Where Incorporated: NE
 Street or Other Mailing Address: 6955 Old Cheney Rd
 Contact Name: Jean Pappert Phone Number: 402-423-4769
 City: Lincoln State: NE Zip Code: 68516
 Email Address: J.Pappert@sherdanlutheran.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President of Council	Jeanne McClure 2508 Rathbone Rd Lincoln NE 68502
Vice Pres of Council	Darin Sperling 18855 High Prairie Place Roca NE 68430

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
Pace	2006	2WH	47ZFB12186X041559	12/17
maxi	2007	2WH	1H9AB12117H260021	12/17
Ford	2016	Coachen Coach	1FDEE3FL6GDE28240	12/17

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?

- YES NO

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

If No, give percentage of exempt use:

100%

Vehicles used exclusively for transportation to and from religious services or mission work or for work on church property

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

sign here

Authorized Signature

Jean Pappert

Title

Director of Business & Finance

Date

11/15/18

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

Candice Menduch, Chief Deputy
Signature of County Treasurer

Date

11/20/18

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

M