

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 Christian Heritage Children's Homes		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Christian Heritage Children's Homes		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 14880 Old Cheney Road		Contact Name Vicki Davis	Phone Number 402-421-5437, Ext. 406
City Walton	State NE	Zip Code 68461	Email Address vicki.davis@chne.org

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
Vice President	Brian Rader, 14880 Old Cheney Road, Walton, NE 68461
Secretary/Treasurer	Julie Spader, 14880 Old Cheney Road, 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
Honda	2016	Civic Sedan	2HGFC2F72GH564824	05-30-2019

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?

- YES NO

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

Transporting foster care youth, staff use for appointments with foster families and Nebraska Department of Health and Human Services (DHHS) case workers, transporting furniture and supplies for foster homes owned, and other transportation uses related to our exempt function to care for youth placed with Christian Heritage by Nebraska DHHS.

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

Victoria L. Davis

Authorized Signature

Compliance Administrator

6/3/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Robert Sawyer
Signature of County Treasurer

6/5/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

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FORM
457

Name of Organization Capital Humane Society		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 2320 Park Boulevard		Contact Name Robert A. Downey	Phone Number 402-441-4482
City Lincoln	State Ne	Zip Code 68502	Email Address radgrako@windstream.net

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Chair	Frank Savage 9600 Del Rio Drive Lincoln, Ne. 68516
Vice Chair	April Rimpley 2740 Beckman Circle Lincoln, Ne. 68502
Secretary	Wendy Birdsall 5330 Newcastle Road Lincoln, Ne. 68516
Treasurer	Matt Roberts 3121 Cedar Avenue 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
Chevrolet Express Van	2019	Van	1GCWGAFP7K1293716	Purchased 05/20/2019

Exempt Uses of Motor Vehicle:

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated?

YES NO

Give detailed description of use, including an explanation if multiple use classifications exist:
Used to transport pets, run errands and for special events directly related to operations of Capital Humane Society. No personal usage allowed.

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

Robert Downey
Authorized Signature

President and CEO

6/4/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Robert M. Sarver
Signature of County Treasurer

6/5/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS
SM

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FORM

457

Name of Organization Mosaic		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property DL Peterson Trust		County Name Bobby Hall	State Where Incorporated Nebraska
Street or Other Mailing Address 221 Sun Valley Blvd. Suite G		Contact Name Bobby Hall or Vitalina Voznyuk	Phone Number (402) 477-2101
City Lincoln	State NE	Zip Code 68528	Email Address bobby.hall@mosaicinfo.org or vitalina.voznyuk@mosaicinfo.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President/CEO	Linda Timmons, 4980 S 118th St. Omaha, NE 68137
CFO	Scott Hoffman, 4980 S 118th St. Omaha NE 68137

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	2018	Passenger Van	5TDZZ3DC3JS954758	June 2020
Toyota	2018	Passenger Van	5TDZZ3DC8JS949832	June 2020

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:

This vehicle is used in Mosaic's mission to serve people with intellectual and developmental disabilities. Mosaic is registered with the Nebraska Secretary of State as a non-profit corporation.

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

Vitalina Voznyuk
Authorized Signature
ABZAA4A9E0E486...

Administrative Assistant 5/29/2019
Title Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:
Rachel M. Sawyer
Signature of County Treasurer

5/30/2019
Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature _____

Date _____

DS
SMC

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FORM

457

Name of Organization Our Saviour's Lutheran Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property 1200 S. 40th St.		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address		Contact Name	Phone Number
City Lincoln	State NE	Zip Code 68510	Email Address outreach.oslc@gmail.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Council President	Michael Rapp 5333 SW 126th St. Lincoln NE 68339
Vice-President	Judd Chatelain 4909 Country Hill Rd. Lincoln NE 68516
Treasurer	Denise Essman 4141 N 42nd Cr. Lincoln NE 68504
Secretary	Patti Horstman 4901 Sinclair 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
International	2002	59 Passenger Bus	1HVBBABP32H530868	6/19
Dodge	1997	B2500	2B6HB21Y2VK572968	7/19

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:

The bus is used to transport men & women from the Community Corrections Center on West Van Dorn to the church each Sunday. The van is used to transport people to and from church and used for special church outings. It may also be used to pick up supplies needed at the church.

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

Jan Kiedman
Authorized Signature

Dir. for Outreach Ministry 5/29/2019

Title Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Rachel M. Sawyer
Signature of County Treasurer

5/30/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMC

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FORM
457

Name of Organization RADIANT CHURCH		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property RADIANT CHURCH		County Name LANCASTER	State Where Incorporated NEBRASKA
Street or Other Mailing Address 740 N 70TH STREET		Contact Name REV. CONNIE DAWSON	Phone Number 402 489 5400
City LINCOLN	State NE	Zip Code 68505	Email Address

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
CHAIRMAN	REV. CONNIE DAWSON, 7400 RINGNECK DRIVE, LINCOLN NE 68506
SECRETARY	WARREN LAURITSON, 6308 TANGELWOOD LANE, LINCOLN NE 68516
DIRECTOR	ADAM MAYO, 1736 BEDLOE CT, 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	2002	15 PASSENGER VAN	1FBSS31L52HA46655	6/2019
DODGE	1998	PICKUP	3B7KF26Z8WM213616	6/2019
LEXUS	2010	SUV	2G4WS52J7Y1225356	6/2019
DODGE	2000	CARAVAN	1B4GP4466YD568064	6/2019

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society Educational Religious Charitable Cemetery

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

2002 FORD VAN AND 2000 DODGE CARAVAN ARE USED TO TRANSPORT PEOPLE TO AND FROM CHURCH AND DAYCARE ACTIVITIES AND TO PICK UP SUPPLIES

1998 DODGE PICKUP IS USED TO PLOW SNOW AND TO PICK UP SUPPLIES

2010 LEXUS SUV IS USED BY DR DAWSON FOR TRANSPORTATION TO CHURCH MEETINGS, VISITATION, ETC,

Are the motor vehicles used exclusively as indicated?

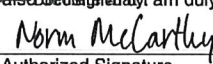
- YES NO

If No, give percentage of exempt use:

_____ %

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

I also declare that I am duly authorized to sign this exemption application.

sign here 
 Authorized Signature
 88C57AADAF674A8...

BUSINESS MANAGER

5/22/2019

Title

Date


For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:


 Signature of County Treasurer

5/28/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMC

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FORM

457

Name of Organization Christian Retirement Homes, Inc. dba Eastmont Towers		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Christian Retirement Homes, Inc. dba Eastmont Towers		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 6315 O Street		Contact Name Brad Petersen	Phone Number 402-486-7521
City Lincoln	State NE	Zip Code 68506	Email Address bradp@eastmonttowers.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Executive Director	Andrew Fisher, 6103 South 178th St. Omaha, NE 68135
Health Care Administrator	Beth Nelsen, 5303 Meredith St., Lincoln, NE 68506
Director of Facilities	John Schweitzer, 7000 Eagle Ridge Circle, Lincoln, NE 68516
Director of Rehabilitation	Mark Sunderman, 4001 South 82nd St. Cir., 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
MV-1LX	2014	LX	57WML1A61EM101335	8/31/16
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 and Horticultural Society
 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, clinics, 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 exemption application and, to the best of my knowledge and belief, it is correct and complete.
I declare that I am duly authorized to sign this exemption application.

sign here

Brad Petersen
Authorized Signature

Accountant

5/21/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:
Michelle Sarver
Signature of County Treasurer

5/28/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SM



2018-2019 Transforming Age Board of Directors

OFFICERS			3 Yr term beginning:
John Iwanski Chair	CFO/Vice President AAA of Washington	1630 Mallard Lane Bellevue, WA 98008 (425) 891-8801 johniwanski@aaawa.com	2013, 2016
Scott Lumsden Vice Chair	Executive Presbyterian Seattle Presbyterian	19336 Fremont Ave N Shoreline, WA 98133 (206) 778-6263 scott@presbytery.org	2015
BOARD MEMBERS			3 Yr term beginning:
Jesse Bond	Owner Bond Financial, LLC	Northgate Executive Center, Bldg B 155 NE 100 th St., Ste. 301 Seattle, WA 98125 (206) 832-0400 jesse@bondfinancial.biz	2017
Vincent Driano	Managing Director Fortuna Investments LLC	7734 Forest Drive NE Seattle, WA 98115 (206) 422-1778 vdriano1@gmail.com	2014
Torsten Hirche	President & CEO, Transforming Age	9616 NE 121 st Lane Kirkland, WA 98034 thirche@transformingage.org	ex officio
Jim Melhorn	Retired President/CEO Episcopal Ministries to the Aging	725 Ninth Ave, #2002 Seattle, WA 98104 (206) 407-1870 jamesmelhorn@gmail.com	2018
Karin Miller	Retired Geriatric Social Worker	5255 42 nd Ave SW Seattle, WA 98136 (206) 384-0096 millerkarin2@gmail.com	2014
James Rand	Professor Emeritus Seattle Research Partners Founding Partner and Principle	2303 113 th Drive SE, #2 Lake Stevens, WA 98258 (206) 618-4955 jim.rand@seattleRP.com	2012, 2015
Mary Wagner	Retired Senior Vice President Starbucks	7432 SE 71 st St. Mercer Island, WA 98040 (209) 559-9024 mkwagnerx2@gmail.com	2018

To whom it concerns:

Christian Retirement Homes, Inc. operates as Eastmont Towers Community (Eastmont), a Continuing Care Retirement Community (CCRC) located at 6315 "O" Street in Lincoln, Nebraska. Eastmont was incorporated in 1965 and opened its doors in 1968. Eastmont is a 501(c)(3) not-for-profit corporation that offers independent living, assisted living, skilled nursing, adult day care, hospice care, and rehabilitation services to seniors 62 years of age and older.

In 2017, Eastmont's Board of Directors voted to affiliate with Transforming Age. The details of this Affiliation Agreement became effective August 1, 2017 between Presbyterian Retirement Communities Northwest, d/b/a Transforming Age, and Christian Retirement Homes, Inc., d/b/a Eastmont Towers.

Transforming Age is a leading not-for-profit organization founded in Seattle, Washington in 1956 by the Presbyterian Church. As a national not-for-profit organization, with its corporate office in Bellevue, Washington, Transforming Age continues to grow their impact by embracing affiliations with like-minded and mission-driven not-for-profit organizations. Transforming Age partners preserve their culture, independence, and not-for-profit identities while gaining support, knowledge, research, and resources to secure long-term sustainability.

Under the governance of the Transforming Age Board of Directors as spelled out in the Affiliation Document, Eastmont remains a 501(c)(3), maintains its own provider number, and operates with the guidance of a local Trustees Council. The Trustees Council is comprised of both resident and local community Council members.

Attached is our TA Board of Directors Roster for the current board members.

The Officers include:

- * Torsten Hirche (his information is in the attached as he is also a board member)
- * Michael Connell, CFO & Treasurer, Transforming Age: 1980 112th Ave NE, Ste 210, Bellevue, WA 98004
- * Amanda Huppert, Executive Assistant & Secretary, Transforming Age: 1980 112th Ave NE, Ste 210, Bellevue, WA 98004

Please let me know if you have any questions. Thank you,

Andrew Fisher, LNHA, MHA
Executive Director
6315 O Street
Lincoln, NE 68510
Direct: 402-484-4776 | Cell: 515-868-3328
andrewf@eastmonttowers.com | Eastmontliving.com

NEBRASKA

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DEPARTMENT OF REVENUE

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FORM

457

Name of Organization Epona Horse Rescue		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Epona Horse Rescue		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 20100 SW 114th St		Contact Name Belinda Guyton	Phone Number 308-293-5654
City Crete	State Nebraska	Zip Code 68333	Email Address eponahorserescue@msn.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President/Director	Belinda Guyton 20100 SW 114th St Crete Ne 68333
Treasurer	Larry Guyton 20100 SW 114th St Crete Ne 68333
Secretary	Niki J Theis 2935 Road 3500 Deweese Nebraska 68934

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 F250SD	2009	Pickup	1FTSX21Y59EA28719	June 2019
Titan Gooseneck Horse Trailer	2009	Trailer	4TGG2020991054069	June 2019

Exempt Uses of Motor Vehicle:

- Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated?

- YES
 NO

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

The truck and trailer are used to transport of horses to vets office, new homes , picking up horses or providing transport of hay feed and other supplies.

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
93FF5937E4D54F7...

Director 5/22/2019


Title Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:


Signature of County Treasurer

5/28/2019
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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SMC