

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 Community Action Partnership of Lancaster and Saunders Counties		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 NE
Street or Other Mailing Address 210 O St.		Contact Name Kelly Elder	Phone Number 402-875-9397
City Lincoln	State NE	Zip Code 68508	Email Address purchasing@communityactonetwork.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Gail Steen, 210 O Street, Lincoln NE 68508
Vice President	DeLynn Hay, 210 O Street, Lincoln NE 68508
Treasurer	Lorene Bartos, 210 O Street, Lincoln NE 68508
Secretary	Debbie Mumm, 210 O 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
See Attached				

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:

Vehicles are used for transporting supplies and personnel for the purpose of carrying out federal grant projects.

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

Jeri Winkelmann

Authorized Signature

CFO

Title

7/12/2019


Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

 Rachel M. Barber
 Signature of County Treasurer

7/24/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMU

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Acquisition Date	Number
Ford	2011	F150	1FTEX1EM0BFA79690	August 2019	1013
Nissan	2012	Sentra	3N1AB6AP3CL622342	August 2019	1055
Isuzu	2004	NPR	JALB4B14547004163	August 2019	1033
Nissan	2012	Sentra	3N1AB6AP4CL616503	August 2019	1054
Dodge	2009	Grand Caravan	2D8HN541X9R591611	August 2019	1047
Dodge	2003	Caravan SE	1D4GP25B33B115462	August 2019	1021
Dodge	2009	Grand Caravan	2D8HN54119R591609	August 2019	1048
Dodge	2009	Grand Caravan	2D8HN54119R591612	August 2019	1050
Dodge	2009	Grand Caravan	2D8HN54109R591603	August 2019	1051
Honda	2015	Odyssey LX	5FNRL5H26FB029711	August 2019	1056
Chevrolet	2016	Traverse LS	1GNKRFED1GJ168982	August 2019	1057
Dodge	2010	Grand Caravan	2D4RN5D16AR411972	August 2019	1053
Nissan	2016	SV	5BZBF0AA8GN852141	August 2019	1058
Ford	2002	F150	2FTRX17252CA14942	August 2019	1012
Chevy	2009	K3500	1GCHK73K49F140078	August 2019	1060
Dodge	2019	Grand Caravan	2C4RDGBG0KR524448	August 2019	1061
Carry On Trailer	2007	7x12WG	4YMUL12177MO46185	August 2019	

NEBRASKA

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

**FORM
457**

Name of Organization Cornerstone Christian Church		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 4849 Old Cheney Rd		Contact Name Steven Stolle	Phone Number 402-421-7250
City Lincoln	State NE	Zip Code 68516	Email Address Corstonech@aol.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
President	Steven Stolle, 5401 Cornell Rd., Lincoln NE 68516
Vice President	Herb Waller, 5424 Spruce St., Lincoln NE 68516
Secretary	Steven Houchin, 5300 Yankee Hill Rd., Lincoln NE 68516GMC

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
GMC Savana	1999	G3500 Mini Bus	1GDHG31F3X1126548	August

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:
Our mini bus is used exclusively for church and our day care use.

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.

sign here

Steven Stolle
Authorized Signature

President

7/16/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Rachel M. Sawyer
Signature of County Treasurer

7/24/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

DS
SMC

NEBRASKA

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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 CAPITOL CITY CHRISTIAN CHURCH		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 NE
Street or Other Mailing Address 7800 HOLDREGE STREET		Contact Name LAYNE ROLOFSON	Phone Number 402 467-4458
City LINCOLN	State NE	Zip Code 68505	Email Address LAYNE@CAPITOLCITY.ORG

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
CHARLES LAMPHEAR	7966 WEEPING WILLOW LN, LINCOLN, NE 68506
DOUG PORTER	2711 N 81st ST, LINCOLN, NE 68507
RANDY WEHLING	4121 N 21st ST, 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	2012	PASS VAN	1FTNS2EL9CDA86629	8/2019
FORD	2011	PASS VAN	1FBSS3BL98DB10279	8/2019
FORD	2011	PASS VAN	1FBSS3BL4BDB07435	8/2019
R&M	2013	CARGO TRAILOR	55ZR1EE13D1000196	8/2019

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:

All vehicles are used for the purpose of transporting children or adults to and from our weekly activities at our church property.

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

Layne Rolofson
Authorized Signature
890C2C2EC13A44D...

PROPERTY MANAGER

7/16/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Robert M. Sawyer
Signature of County Treasurer

7/24/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMC

NEBRASKA

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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 Lincoln Christian School		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 5801 South 84 Street		Contact Name Vikki Power	Phone Number 402-488-8888 x221
City Lincoln	State NE	Zip Code 68526	Email Address vikki.power@lincolnchristian.org

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
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
See Attachment				

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:
 Transportation of children for school activities

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.

sign here

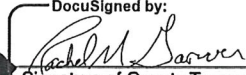
Vikki Power
Authorized Signature

Activities Department 7/12/2019
Title Date

For County Treasurer Recommendation

Approval Disapproval

Comments: _____

DocuSigned by:

 Signature of County Treasurer Date 7/24/2019

For County Board of Equalization Use Only

Approval Disapproval

Comments: _____

Authorized Signature _____ Date _____

Please retain a copy for your records.

DS
SMC

Motor Vehicle Make	Year	Body Type	Vehicle ID Number	Registration Date	Note	
Ford	2006	Van	1FBNE31LO6DA61288	18-Aug	Van 1	UGR562
Ford	2006	Van	1FBNE31LX6HA71898	18-Aug	Van 2	
Ford	2014	Club Wagon Van	1FBNE3BL5EDA76625	18-Aug	Van 3	
Ford	2007	Van	1FMNE11L67DB19532	18-Aug	Van 4	
Thomas	1997	SAF Bus	1T7HT4B25V1154787	18-Aug	Bus 1	RETIRED 1
New Flyer	1999	Bus	5FYD2WT01XU019220	18-Aug	White Bus	Capacity =
Thomas Chassis F565	2003	Bus	4UZAAXAK23CK77970	18-Aug	Ash-Green Bus	Capacity =
GMC	2003	4-dr Extended cab Pickup	1GTGK29U13Z303329	18-Aug	Red Truck	
Ford	2000	F15 Pickup	1FTZF1721YKA06523	18-Aug	White Truck	
Thomas Built Bus	2006	School Bus	1T7YT4C2861166237	19-Jan	New/Flatnose Bus	Capacity:

NEBRASKA

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Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

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• Read instructions on reverse side.

FORM

457

Name of Organization Boys & Girls Clubs of Lincoln/Lancaster County		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Boys & Girls Clubs of Lincoln/Lancaster County		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address PO Box 22344		Contact Name Amanda Garner	Phone Number 402-202-6040
City Lincoln	State NE	Zip Code 68542	Email Address agarner@lincolnbgc.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Executive Director	Michelle Birkel, 700 R St Ste 321, Lincoln, NE 68501
President of the Board	Jessica Erstad, PO Box 22344, Lincoln, NE 68542
Vice President of Operations	Amanda Garner, PO Box 22344, Lincoln, NE 68542
Unit Director	Russell Mueller, PO Box 22344, Lincoln, NE 68542

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
Carry-on Trailer Corp	2019	Cargo	4YMBC1212KM009092	3/20/2019

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:

Trailer is used to transport educational supplies for use in programs for young people ages 6-18 years of age.

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

Amanda Garner

Authorized Signature

VP of Operations

Title

7/11/2019

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Russell Mueller
Signature of County Treasurer

7/24/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

DS
SMC

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 Christ United Methodist Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property		County Name NE	State Where Incorporated Nebraska
Street or Other Mailing Address 4530 A St		Contact Name Joyce Rasmussen	Phone Number 4024899618
City LINCOLN	State NE	Zip Code 68510	Email Address joyce.rasmussen@christumclinc.org

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Senior Pastor	Richard Randolph, 4530 A Street, Lincoln, NE 68510
Christ Academy childcare Director	Kirsten Minert, 4530 A Street, Lincoln, NE 68510
Business Administrator	Joyce Rasmussen, 4530 A 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 Econoline Wagon E350	2010	15 passenger	1FBSS3BL2ADA77382	8/30/18

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 to transport daycare children to and from school and for field trips. Also used by church for mission work in Lincoln and for field trips.

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

Joyce Rasmussen
Authorized Signature

business administrator

7/15/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Robert M. Sawyer
Signature of County Treasurer

7/24/2019

Date

For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS
SMU

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 St. Thomas Aquinas Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property Diocese of Lincoln		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 320 North 16th Street		Contact Name Noah Miller	Phone Number 402-474-7914
City Lincoln	State NE	Zip Code 68508	Email Address noah-miller@huskercatholic.com

Identify Officers, Directors, or Partners of the Nonprofit Organization	
Title	Name, Address, City, State, Zip Code
President	James Conley, 3400 Sheridan Blvd, Lincoln, NE, 68508
Vice President	Mark Huber, 3400 Sheridan Blvd, Lincoln, NE, 68508
Secretary-Treasurer	Robert A. Matya, 320 North 16th 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
Dodge Grand Caravan	2008	Van	2D8HN54P18R683225	8/2019

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:
 religious purpose/church related business

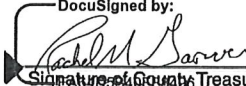
Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete.

sign here  _____ Parish Secretary 7/22/2019
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Disapproval

DocuSigned by:  _____ 7/24/2019
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approval Comments: _____

Disapproval

Authorized Signature _____ Date _____

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 St. John the Apostle Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property St. John the Apostle Church		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 7601 Vine Street		Contact Name Fr. Lyle M. Johnson	Phone Number 402-489-1946
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
President	Most Rev James D. Conley, 3400 Sheridan Blvd, Lincoln, NE 68506
Vice President	Rev Msgr Mark Huber, 3400 Sheridan Blvd, Lincoln, NE 68506
Secretary/Treasurer	Rev Lyle M. Johnson, 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 F250	2000	Pickup	1FTNX21L4YEB27516	August 2019
Chevrolet Silverado 1500	2005	Pickup	1GCEK14T15E219893	August 2019
Bluebird Bus	2003	Bus	1HVBBAAM53H578492	August 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:

Ford F250 is used to clear snow from Church and School parking lots, haul yard waste and pick up supplies.

Chevrolet Silverado is used to pick up supplies for Church and School and travel to and from business appointments and visits.

Bluebird Bus is used for student field trips and church and school organizational groups.

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

Fr. Lyle M. Johnson

Authorized Signature

Chief Administrative Officer 7/12/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Robert M. Sawyer
Signature of County Treasurer

7/24/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

DS
SMU

1293100

Nebraska Department of Revenue

0000030

*To cancel, see instructions on reverse

NONTRANSFERABLE
STATE IDENTIFICATION NO
005-000573078

DATE 02/16/2011

EXEMPT ORGANIZATION CERTIFICATE OF EXEMPTION

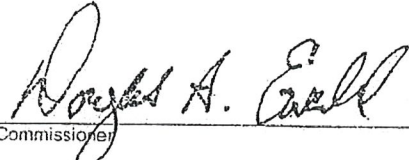
LOCATION ADDRESS

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



Nebraska Resale or Exempt Sale Certificate

FORM
13

for Sales Tax Exemption

• Read instructions on reverse side/see note below

NAME AND MAILING ADDRESS OF PURCHASER			NAME AND MAILING ADDRESS OF SELLER		
Name ST. JOHN'S CHURCH AND SCHOOL			Name		
Street or Other Mailing Address 7601 VINE STREET			Street or Other Mailing Address		
City LINCOLN	State NE	Zip Code 68505	City	State	Zip Code

Check Type of Certificate

Single Purchase

Blanket

If blanket is checked, this certificate is valid until revoked in writing by the purchaser.

I hereby certify that the purchase, lease, or rental by the above purchaser is exempt from the Nebraska sales tax for the following reason:

Check One

Purchase for Resale (Complete Section A)

Exempt Purchase (Complete Section B)

Contractor (Complete Section C)

SECTION A—Nebraska Resale Certificate

Description of Item or Service Purchased

I hereby certify that the purchase, lease, or rental of from the above seller is exempt from the Nebraska sales tax as a purchase for resale, rental, or lease in the normal course of our business, either in the form or condition in which purchased, or as an ingredient or component part of other property to be resold.

I further certify that we are engaged in business as a: Wholesaler Retailer Manufacturer Lessor of Description of Product Sold, Leased, or Rented

If None, State Reason

and hold Nebraska Sales Tax Permit Number 01-

or Foreign State Sales Tax Number

State

SECTION B—Nebraska Exempt Sale Certificate

The basis for this exemption is exemption category 3 (Insert appropriate category as described on reverse of this form.)

If exemption category 2 or 5 is claimed, enter the following information:

Description of Item(s) Purchased

Intended Use of Item(s) Purchased

If exemption categories 3 or 4 are claimed, enter the Nebraska Exemption Certificate number. 05- 573078

If exemption category 6 is claimed, seller must enter the following information and sign this form below:

Description of Item(s) Sold

Date of Seller's Original Purchase

Was Tax Paid when Purchased by Seller?

Was Item Depreciable?

YES NO

YES NO

YES NO

SECTION C—For Contractors Only

1. Purchases of Building Materials or Fixtures:

As an Option 1 or Option 3 contractor, I hereby certify that purchases of building materials and fixtures from the above seller are exempt from Nebraska sales tax. My Nebraska Sales or Consumer's Use Tax Permit Number is: 01-

2. Purchases Made Under Purchasing Agent Appointment on behalf of _____: (exempt entity)

Pursuant to an attached Purchasing Agent Appointment and Delegation of Authority for Sales and Use Tax, Form 17, I hereby certify that purchases of building materials, and fixtures are exempt from Nebraska sales tax.

Any purchaser, or their agent, or other person who completes this certificate for any purchase which is other than for resale, lease, or rental in the regular course of the purchaser's business, or is not otherwise exempted from the sales and use tax under Neb. Rev. Stat. §§77-2701 through 77-27.135, shall in addition to any tax, interest, or penalty otherwise imposed, be subject to a penalty of \$100 or ten times the tax, whichever amount is larger, for each instance of presentation and misuse. With regard to a blanket certificate, this penalty shall apply to each purchase made during the period the blanket certificate is in effect. Under penalties of law, I declare that I am authorized to sign this certificate, and to the best of my knowledge and belief, it is correct and complete.

sign here

Authorized Signature

PASTOR

Title

Date

7/12/19

NOTE: Sellers must keep this certificate as part of their records. DO NOT SEND TO THE NEBRASKA DEPARTMENT OF REVENUE.

Incomplete certificates cannot be accepted.

www.revenue.ne.gov, (800) 742-7474 (toll free in NE and IA), (402) 471-5729

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

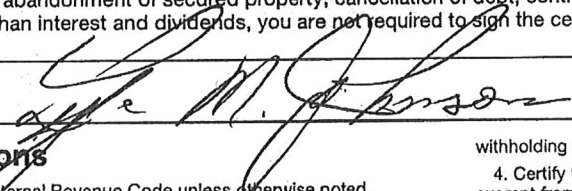
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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 ▶  Date ▶ 7/12/19

General Instructions

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

Future developments. The IRS has created a page on IRS.gov 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

- 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.

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 St. Peter Catholic Parish		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property St. Peter Catholic Parish		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 4500 Duxhall Drive		Contact Name Mike Smith	Phone Number 402-423-1239
City Lincoln	State NE	Zip Code 68516	Email Address mike-smith@cdolinc.net

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
John Kuchta - Trustee	4500 Duxhall Drive; Lincoln, NE 68516
Anthony Arndt - Trustee	4500 Duxhall Drive; 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
Buick	2006	4 Door Sedan	1G4HP57246U178395	06/06/2018
Ford	1991	Pickup	1FTEF15Y3MLA12186	09/06/2017

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 by religious personnel in the performance of educational and church duties. Transportation to schools, nursing homes, private homes, hospitals and long-term care facilities as required.

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

Mike Smith
Authorized Signature

Business Manager

7/10/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Rachel M. Sawyer
Signature of County Treasurer

7/24/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

DS
SM

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 CrossBridge Christian Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property CrossBridge Christian Church		County Name Lancaster	State Where Incorporated Nebraska
Street or Other Mailing Address 2800 Crossbridge Place		Contact Name Phil Berlie	Phone Number 4024059361
City Lincoln	State Nebraska	Zip Code 68504	Email Address phil.berlie@yahoo.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Secretary & Director	Steven D. Burns, 1952 Independence Court, Lincoln, NE 68521
Secretary & Director	Ken Fairchild, 6218 S. 31st Street, Lincoln, NE 68516
Secretary & Director	Greg Kohout, 4120 14th Street, 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
Chevrolet	1999	Sprot Van	1GNFG15R1X1117066	July 2019
H&H Trailer	2011	Trailer	533TC1627BC206367	July 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 vehicle is used to transport individuals to and from CrossBridge Christian Church and to and from church related activities. This vehicle will also be used to transport volunteers on mission trips in response to disasters and to assist those in need.

If No, give percentage of exempt use:
_____ %

The trailer is used to transport tools, supplies and materials in response to disaster relief missions throughout the region and country.

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

Phil Berlie
Authorized Signature
21F55CEC75CF4DA...

Administrative Team Leader 7/3/2019
Title Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:
Rachel M. Sarver
Signature of County Treasurer

7/8/2019
Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature _____

Date _____

Please retain a copy for your records.

DS
SMC

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 Gentle Shepherd Baptist Church		Type of Ownership <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____	
Name of Owner of Property N/A		County Name Lancaster	State Where Incorporated NE
Street or Other Mailing Address 1601 W. Burnham St		Contact Name Gary Fuller	Phone Number 4025807002
City Lincoln	State NE	Zip Code 68522	Email Address gfuller@neb.rr.com

Identify Officers, Directors, or Partners of the Nonprofit Organization

Title	Name, Address, City, State, Zip Code
Doyle Blodgett	1315 W Commodore Blvd, Lincoln, NE, 68522
Jeffrey Newlon	2700 W. Shane Dr. Lincoln, NE 68522
Gary Stanley	4124 NW 50th St, Lincoln, NE 68524
Delmer Dormer	700 N. 26th 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
Jeep	2019	SUV	1C4PJMDX6KD435739	06/17/2019

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:

This vehicle is used to transport parishioners to and from church, appointments, and other places as needed. It is used for staff to visit hospitals, nursing homes, shut-ins and homes. It is used to transport staff and guests to and from pastor's meetings, retreats, conferences, youth camp, seniors activities, affiliated college graduations and functions. It is used to transport staff and others to and from religious activities. It is also used to conduct chaplain activities on behalf of the city, i.e. conducting the senior chaplain and other first responders to death, suicide, domestic and fire scenes.

Are the motor vehicles used exclusively as indicated?

- YES NO

If No, give percentage of exempt use:

85 %

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

Gary Fuller
Authorized Signature
AA10E2C7DFE428...

Pastor

7/10/2019

Title

Date

For County Treasurer Recommendation

Approval

Comments: _____

Disapproval

DocuSigned by:

Delmer Dormer
Signature of County Treasurer

7/24/2019

Date

For County Board of Equalization Use Only

Approval

Comments: _____

Disapproval

Authorized Signature

Date

DS
SMC