ood Life.	Great Service.	from Motor Vehicl	e Taxes by Qua • To be filed with • Read Instruction	alifying N your county	Ionprofit Orga treasurer.	nizatior	าร	FORM 457
	Organization Inity Action Partnership	of Langastar and Cau	ndara Cauntiaa	Type of Ow				
	second second of the few second later in the second s	of Lancaster and Saul	nders Counties		profit Corporation	Other	(specify):	
	Owner of Property			County Na Lancaste	ər		State Where Ir NE	ncorporated
Street or 0 210 O S	Other Mailing Address St.			Contact Na Kelly Eld			Phone Numbe 402-875-93	
City _incoln		State NE	Zip Code 68508	Email Addr purchasi	ress ing@community	vactonatw	ork.org	
		Identify Officers, D	irectors, or Partr	ners of the	e Nonprofit Org	anizatio	n	
litle		Name, Address, City, S	State, Zip Code					
Preside		Gail Steen, 210 C	Street, Lincoln N	NE 68508				
/ice Pre	esident	DeLynn Hay, 210	O Street, Lincoln	NE 6850	8			
reasur	er	Lorene Bartos, 21	10 O Street, Linco	oln NE 685	508			
Secreta	iry	Debbie Mumm, 2	10 O Street, Linco	oln NE 68	508			
M		•At	Description of the tach an additional	sheet, if ne	ecessary.			Registration Date of
01	Motor Vehicle Make	Model Year	Body Type		Vehicle	e ID Numbe	r	Date of Acquisition if Newly Purchased
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							10.0	
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	es of Motor Vehicle: ricultural and Horticultural Soci		Religious		aritable Ce		Are the motor ve as indicated?	ehicles used exclusively
'ehicles	iled description of use, includin s are used for transporti					-	X YES	NO
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'ehicles	s are used for transporti					grant	f No, give perce	
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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
lsuzu	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	

DEPARTMENT OF REVENUE	rom Motor Vehic	Ile Taxes by Qua • To be filed with • Read Instruction	alifying your count ns on rever		ons	гогм 457
Name of Organization Cornerstone Christian Church				Dwnership		
Name of Owner of Property					er (specify):	
			County N Lancas		State Where Nebraska	Incorporated
Street or Other Mailing Address 849 Old Cheney Rd			Contact N Steven		Phone Numb 402-421-7	
incoln	State NE	Zip Code 68516	Email Add Corstor	dress nech@aol.com		
	Identify Officers.	Directors, or Partr	ners of th	ne Nonprofit Organizati	on	
itle	Name, Address, City,					
resident	Steven Stolle, 54	101 Cornell Rd., Li	incoln NE	68516		
ice President	Herb Waller, 542	24 Spruce St., Linc	oln NE 6	8516		
ecretary	Steven Houchin,	5300 Yankee Hill	Rd., Lind	coln NE 68516GMC		
		Description of the				
Motor Vehicle Make	Model Year	Body Type	· · · ·	Vehicle ID Num	per	Registration Date Date of Acquisitio
GMC Savana	1999	G3500 Mini Bus		1GDHG31F3X1126548	3	If Newly Purchase August
					,	August
empt Uses of Motor Vehicle:	-	X Religious		_	Are the motor as indicated?	vehicles used exclusive
					If No, give perc	entage of exempt use:
		-				-
Under penalties of law, I de	eclare that I have examin	ed this exemption applic	cation and, to	o the best of my knowledge and	%	5
sign (alsocole obsign étady) am duly an	eclare that I have examin uthorized to sign this ex	emption application.	cation and, to Preside		%	t and complete.
sign Steven Stolle	eclare that I have examin uthorized to sign this ex	emption application.	Preside		belief, it is correc	t and complete.
sign Steven Stolle	uthorized to sign this ex	emption application.	Preside _{itle}	ent	belief, it is correct	t and complete.
sign Steven Stolle	uthorized to sign this ex	emption application.	Preside _{itle}	ent	belief, it is correc	st and complete.
sign Steven Stolle	uthorized to sign this ex	emption application.	Preside _{itle}	ent	belief, it is correc	t and complete.
sign Steven Stolle Nere Authorized Signature.	uthorized to sign this ex	emption application. T or County Treasurer nents:	Preside ^{itle} r Recom m	ent	belief, it is correc	t and complete.
Approval	uthorized to sign this ex	emption application.	Preside ^{itle} r Recom m	ent	belief, it is correc	2019
Approval	uthorized to sign this ex	emption application.	Preside itle r Recomm	ent nendation	belief, it is correc	2019 7/24/2019
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Approval	uthorized to sign this exe Fe Comr	or County Treasurer nents:	Preside itle r Recomm ad by: 	ent nendation	belief, it is correc	2019 7/24/2019
Approval	uthorized to sign this exe Fe Comr	or County Treasurer nents:	Preside itle r Recomm	ent nendation	belief, it is correc	2019 7/24/2019

lease retain	a	copy	for	your	records.
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bood Life. Great Service.		cle Taxes by Qua •To be filed with • Read Instructio	alifying your count	Nonprofit Orga y treasurer.	anizatio	າຣ	гогм 457
Name of Organization		· Read Instructio	Type of C	Ownership			
CAPITOL CITY CHRISTIAN (CHURCH		XN	onprofit Corporation	Other	(specify):	
Name of Owner of Property			County N LANCA			State Where I NE	Incorporated
Street or Other Mailing Address 2800 HOLDREGE STREET			Contact N LAYNE	Name ROLOFSON		Phone Numb 402 467-4	
City LINCOLN	State NE	Zip Code 68505		@CAPITOLCITY			
	Identify Officers,	, Directors, or Parti	ners of th	ne Nonprofit Org	ganizatio	n	
ītle	Name, Address, Cit						
HARLES LAMPHEAR		G WILLOW LN, LIN		E 68506			
OUG PORTER		F, LINCOLN, NE 68					
ANDY WEHLING	4121 N 21st ST	Γ, LINCOLN, NE 68	521				
		Description of the Attach an additional					
Motor Vehicle Make	Model Year	Body Type		1	e ID Numbe	r	Registration Date Date of Acquisitio if Newly Purchase
ORD	2012	PASS VAN		1FTNS2EL9CE	DA86629		8/2019
ORD	2011	PASS VAN		1FBSS3BL98D		1	8/2019
ORD	2011	PASS VAN		1FBSS3BL4BD			8/2019
&M	2013	CARGO TRAILC)R	55ZR1EE13D1			8/2019
	2010			002ITTEE 10D1	000100		0/2013
Il vehicles are used for the p				om our weekly ad		X YES f No, give perc	NO entage of exempt use:
Il vehicles are used for the p it our church property.	urpose of transporting	g children or adults	to and frc		ctivities	f No, give perc	centage of exempt use:
Under penalties of la Under penalties of la Under penalties of la Laure Kolo Sol		g children or adults ined this exemption applic ixemption application.	to and fro		ctivities	f No, give perc	entage of exempt use:
Under penalties of far under penalties of far	urpose of transporting w, I declare that I have exam duly authorized to sign this e	g children or adults ined this exemption applic ixemption application.	to and fro cation and, to PROPERT Title	o the best of my know	ctivities	f No, give perc %	entage of exempt use:
Under penalties of far under penalties of far	urpose of transporting w, I declare that I have exam duly authorized to sign this e	g children or adults ined this exemption applic xemption application.	to and fro cation and, to PROPERT Title	o the best of my know	ctivities	f No, give perc % elief, it is correc 7/16/	entage of exempt use:
Under penalties of far under penalties of far	urpose of transporting w, I declare that I have exam duly authorized to sign this e	g children or adults ined this exemption applic ixemption application.	to and fro cation and, to PROPERT Title	o the best of my know	ctivities	f No, give perc % elief, it is correc 7/16/	entage of exempt use:
Under penalties of la under penalties of la sign Authorized Signature Authorized Signature Authorized Signature	urpose of transporting w, I declare that I have exam duly authorized to sign this e	g children or adults ined this exemption applic xemption application. T For County Treasure	to and fro cation and, to PROPERT Title r Recomm	o the best of my know	ctivities	f No, give perc % elief, it is correc 7/16/	eentage of exempt use:
Il vehicles are used for the protection of the property.	urpose of transporting w, I declare that I have exam duly authorized to sign this e	ined this exemption applic xemption application. T For County Treasure nments:	to and fro cation and, to PROPERT Title r Recomm	o the best of my know	ctivities	f No, give perc % elief, it is correc 7/16/	entage of exempt use:
Il vehicles are used for the protection of the property.	urpose of transporting w, I declare that I have exam duly authorized to sign this e	ined this exemption applic exemption application. T For County Treasure nments:	to and fro cation and, to PROPERT Title r Recomm	o the best of my know Y MANAGER rendation	ctivities	f No, give perc % elief, it is correc 7/16/	eentage of exempt use:
Il vehicles are used for the protection of the property.	urpose of transporting w, I declare that I have exam duly authorized to sign this e M	ined this exemption applic exemption application. T For County Treasure nments:	cation and, to PROPERT Title r Recomm	o the best of my know Y MANAGER nendation	ctivities	f No, give perc % elief, it is correc 7/16/	tentage of exempt use:
Il vehicles are used for the protection of the property.	urpose of transporting w, I declare that I have exam duly authorized to sign this e M Corr	ined this exemption applic xemption application. T For County Treasure nments:	cation and, to PROPERT Title r Recomm	o the best of my know Y MANAGER nendation	ctivities	f No, give perc % elief, it is correc 7/16/	t and complete. 2019 7/24/2019
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	Great Service.	from Motor Vehicle	Taxes by Qua • To be filed with • Read Instructio	alifying No	nprofit Organizatio	ons	FORM 457
	Organization			Type of Owne	ership		,
incoln	Christian School			X Nonpr	ofit Corporation Othe	er (specify):	
lame of (Owner of Property			County Name		State Where I Nebraska	ncorporated
Negel av	Other Mailing Address						
801 Sc	outh 84 Street			Contact Nam Vikki Powe	er	Phone Numbe 402-488-88	
ity incoln		State NE	Zip Code 68526	Email Addres	ss er@lincolnchristian.org	r	
					Nonprofit Organizati		
itle		Name, Address, City, S			tonpront organizati		
reside	nt	Todd Hohlen 905		e Lincoln. N	E 68526		
reasur	er	Aaron Marshbank					
					· ·		
		 	escription of th	e Motor Veh	icles		
0		•Att	ach an additional	sheet, if nec	essary.	· · · · · · · · · · · · · · · · · · ·	Registration Date
	Motor Vehicle Make	Model Year	Body Typ	e	Vehicle ID Num	ber	Date of Acquisitio if Newly Purchase
ee Atta	achment						in nonny r uronado
	es of Motor Vehicle:						ehicles used exclusively
ive detail	icultural and Horticultural Socies	an explanation if multiple us	Religious		table Cemetery	as indicated?	NO
ive detail		an explanation if multiple us			table Cemetery	XYES	entage of exempt use:
ive detail	led description of use, including	an explanation if multiple us			table Cemetery	X YES	entage of exempt use:
ive detail ranspo	Under penalties of law, I	an explanation if multiple us	se classifications exis d this exemption appli nption application.	t: cation and, to the	e best of my knowledge and	X YES If No, give perc % belief, it is correct	entage of exempt use:
ive detail ranspo	Under penalties of law, I led description of children for sch Under penalties of law, I Ledecodedates databyt am duly Villi Dower	an explanation if multiple us hool activities	d this exemption appli nption application.	t: cation and, to the Activitie		X YES If No, give perc % belief, it is correc 7/12/	entage of exempt use:
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ive detail ranspo	Under penalties of law, I Laterocole obstant and duly Ville Power	an explanation if multiple us hool activities	d this exemption appli nption application.	cation and, to the Activitie Title	e best of my knowledge and s Department	X YES If No, give perc % belief, it is correc 7/12/	entage of exempt use:
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Motor Vehicle Make	Year	Body Type	Vehicle ID Number	Registration Date	Note	7
Ford	2006	Van	1FBNE31LO6DA61288	18-Aug	Van 1	UGR562
Ford	2006	Van	1FBNE31LX6HA71898	18-Aug	Van 2	1
Ford	2014	Club Wagon Van	1FBNE3BL5EDA76625	18-Aug	Van 3	1
Ford	2007	Van	1FMNE11L67DB19532	18-Aug	Van 4	1
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	1
Thomas Built Bus	2006	School Bus	1T7YT4C2861166237	19-Jan	New/Flatnose Bu	s Capacity:

DEPARTMENT OF REVENUE		• To be filed with y • Read Instruction	your count on rever	Nonprofit Orga y treasurer. se side.	nizatior	าร	FORM 457
Name of Organization Boys & Girls Clubs of Lincoln/La	ancaster County			Ownership Onprofit Corporation		(anacifu):	
lame of Owner of Property			County N		UOther	(specify): State Where I	ncorporated
Boys & Girls Clubs of Lincoln/La	ancaster County		Lancas			Nebraska	
Street or Other Mailing Address O Box 22344			Contact N Amanda	_{Name} a Garner		Phone Numbe 402-202-6	
Sity incoln	State	Zip Code	Email Add			£	
Incoln	NE Identific Officers	68542		r@lincolnbgc.org			
itle	Name, Address, City,	Directors, or Partr	iers of th	ne Nonprofit Org	anizatio	n	
xecutive Director		700 R St Ste 321, I	Lincoln. N	NE 68501			
President of the Board		PO Box 22344, Lin					
ice President of Operations		, PO Box 22344, L					
Init Director	Russell Mueller,	PO Box 22344, Li	ncoln, NE	E 68542			
		Description of the Attach an additional					
Motor Vehicle Make	Model Year			Vehicle	e ID Numbe	er	Registration Date Date of Acquisitio if Newly Purchase
arry-on Trailer Corp	2019	Cargo		4YMBC1212KM	1009092		3/20/2019
empt Uses of Motor Vehicle:							vehicles used exclusively
Agricultural and Horticultural Socie ive detailed description of use, including railer is used to transport educ f age.	g an explanation if multiple				years	as indicated?	NO entage of exempt use:
ive detailed description of use, including railer is used to transport educ	g an explanation if multiple	use classifications exist:			years	X YES	entage of exempt use:
Under penalties of law,	g an explanation if multiple ational supplies for u	use classifications exist: use in programs for	young p	Leople ages 6-18	years	XYES f No, give perc%	eentage of exempt use:
ive detailed description of use, including railer is used to transport educ f age. Under penalties of law,	g an explanation if multiple ational supplies for u I declare that I have examir y authorized to sign this ex	use classifications exist: use in programs for ned this exemption applic comption application.	young p	Leople ages 6-18	years	XYES f No, give perc%	eentage of exempt use:
Under penalties of law,	g an explanation if multiple ational supplies for u I declare that I have examir y authorized to sign this ex	use classifications exist: use in programs for ned this exemption applic cemption application.	young p	beople ages 6-18	years I	X YES If No, give perc %	eentage of exempt use:
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DEBRASKA DOOD LIFE. Great Service. DEPARTMENT OF REVENUE	from Motor Vehic	 To be filed with 	alifying I	Nonprofit Or y treasurer.		tions	гогм 457
Name of Organization		 Read Instruction 	Type of O				
Christ United Methodist Church				onprofit Corporation	n Πo	Other (specify): _	
Name of Owner of Property			County N				re Incorporated
,			NE			Nebrask	이 사실 - 2019년 2019년 - 100 2012년 - 2019년 -
Street or Other Mailing Address			Contact N	amo		Phone Nu	mbor
1530 A St				Rasmussen		4024899	
City	State	Zip Code	Email Add				
	NE	68510	The second se	ismussen@ch	nristumo	linc.ora	
	Identify Officers,	Directors or Part	1	-		-	·
litle	Name, Address, City,			le Nonpront (Jiyaniz	ation	
Senior Pastor			Lincoln				
		ph, 4530 A Street,					
Christ Academy childcare Direct		530 A Street, Linc					
Business Administrator	Joyce Rasmuss	en, 4530 A Street,	Lincoln, I	NE 68510			
	٩.	Description of the	e Motor V sheet, if n	ehicles necessary.			
Motor Vehicle Make	Model Year	Body Tung		Vak	hicle ID N	umbor	Registration Date
	model real	Body Type		ver			if Newly Purchase
ord Econoline Wagon E350	2010	15 passenger		1FBSS3BL2	ADA77	382	8/30/18
cempt Uses of Motor Vehicle:	_	X Religious			-	Are the mot as indicated	or vehicles used exclusively
lsed to transport daycare childre	en to and from scho			sed by church	Cemeter	XYES	NO ercentage of exempt use: _%
Jsed to transport daycare childre	en to and from scho				1	XYES	ercentage of exempt use:
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DOD Life. Great Service.	from Motor Vehic	le Taxes by Qua • To be filed with	or Exemp alifying Nonpr your county treasur ns on reverse side.		nizatio	ns	богм 457
Name of Organization		· nead instruction	Type of Ownership				
St. Thomas Aquinas Church			X Nonprofit C	Corporation	Other	(specify):	
Name of Owner of Property Diocese of Lincoln			County Name Lancaster			State Where Nebraska	Incorporated
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@h	nuskercath	olic.com		
	Identify Officers,	Directors, or Partr	ners of the Non	profit Org	anizatio	n	
ītle	Name, Address, City	, State, Zip Code		· · · · ·			
President	James Conley,	3400 Sheridan Blvo	d, Lincoln, NE,6	8508			
/ice President		00 Sheridan BLvd,					
Secretary-Treasurer	Robert A. Matya	, 320 North 16th S	treet, Lincoln, N	IE, 68508			
		Description of the Attach an additional					
Motor Vehicle Make	Model Year	Body Type	1		ID Numbe	er	Registration Date o Date of Acquisition if Newly Purchased
Oodge Grand Caravan	2008	Van	2D8H	IN54P18R	683225		8/2019
							c
cempt Uses of Motor Vehicle:						Are the motor	inhialan upod avaluation
							vehicles used exclusively
Agricultural and Horticultural S	Society Educational	XReligious	Charitable	Ce		as indicated?	venicies used exclusively
Agricultural and Horticultural S				Ce		as indicated?	-
Agricultural and Horticultural S	Iding an explanation if multiple			Ce			
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Disapproval

Approval

Authorized Signature

Comments:

DEPARTMENT OF REVENUE	fro	m Motor Vehicl	lication fo e Taxes by Qual • To be filed with y • Read Instruction	lifying N our county s on revers	lonprofit Orga treasurer. e side.	nizatio	าร	^{FORM}
Name of Organization St. John the Apostle (Church			Type of Ov	vnership profit Corporation	Other	(specify):	
Name of Owner of Property St. John the Apostle C	Church			County Na Lancaste	me		State Where NE	ncorporated
Btreet or Other Mailing Addr 601 Vine Street	ess			Contact Na Fr. Lyle	^{ame} M. Johnson		Phone Numb 402-489-1	
City .incoln		State NE	Zip Code 68505	Email Add				
	le	dentify Officers, E		ers of th	e Nonprofit Org	anizatio	n	
itle		Name, Address, City,					,	
President			D. Conley, 3400 S					
lice President			luber, 3400 Sheric			506		
ecretary/Treasurer		Rev Lyle M. Johr	ison, 7601 Vine St	treet, Lind	OIN, NE 68505			
		F	Description of the	Motor W	hieles			
			ttach an additional					
Motor Vehicle M	lake	Model Year	Body Type			ID Numbe	r	Registration Date o Date of Acquisition if Newly Purchased
ord F250		2000	Pickup		1FTNX21L4YE	327516		August 2019
hevrolet Silverado 1	500	2005	Pickup		1GCEK14T15E	219893		August 2019
luebird Bus		2003	Bus		1HVBBAAM53H	1578492		August 2019
empt Uses of Motor Vehicle		XEducational	XReligious	XCh	aritable Ce		Are the motor as indicated?	vehicles used exclusively
ive detailed description of a ord F250 is used to a pplies.	used to pick	om Church and Sc up supplies for Cl	hool parking lots, l	haul yard	l to and from bus		XYES f No, give per	NO eentage of exempt use:
opointments and visi		ld trips and churcl	n and school orgar	nizational	groups.			
	or student fie nalties of law, I dee water am duly au	Id trips and church clare that I have examinu thorized to sign this exe NSON	ed this exemption applic: mption application.	ation and, to				•
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Authorized Signature

Disapproval

-DS 96-253-2006 Rev. 7-2018 Supersedes 96-253-2006 Rev. 8-2011

Date

1293100	•To cancel, see 02/16/2011 EXEMPT ORGANIZATION (artment of Revenue MONTRANSFERABLE STATE IDENTIFICATION N 005-000573078 MAILING ADDRESS
ST JOHN CA 7601 VINE LINCOLN NE	THOLIC CHURCH OF LINCOLN STREET 68505	ST JOHN CATHOLIC CHURCH OF LINCOLN 7601 VINE STREET LINCOLN NE 68505
RETAIN THI	S FOR YOUR RECORDS	Tax Commissioner
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Nebraska Depart	tment of	braska				Sale Cer	tificate	FORM
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Name		0011001			Name			
	'S CHURCH AND Mailing Address	SCHOOL						
7601 VINE					Street or Other	Mailing Address	· 2	
City		State	Zip	Code	City		State	Zip Code
LINCOLN		NE 6	3505					·
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Check One	Purchase for R	esale (Complete S				mplete Section B)	Contractor (Complete Section C)
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from the a form or co I furt	by certify that the pu- bove seller is exempt ondition in which purc her certify that we are plion of Product Sold, Lea	from the Nebrask chased, or as an in engaged in busir	ental of a sales tax as a pu gredient or compo	urchase f	n or Service Pur for resale, ren rt of other pro lesaler	tal, or lease in the no perty to be resold.		ousiness, either in the
			.e		If Non	e, State Reason		
and hold N	Vebraska Sales Tax Pe	rmit Number	01-					
or Foreign	State Sales Tax Num	ber				State		
		SECTI	ON B-Nebi	raska	Exempt S	ale Certificate		y the purchaser. for the following reason: for (Complete Section C) our business, either in the sor
The b	basis for this exemption					egory as described o		n)
	emption category 2 or	-			-			,
	Item(s) Purchased	•				of Item(s) Purchased		
If exe	emption categories 3 c	or 4 are claimed, e	nter the Nebraska	Exempt	tion Certificat	e number. 05-5	73078	£
If exe	emption category 6 is	claimed, seller m	ust enter the follow	wing info	ormation and	sign this form below	<i>/</i> :	•
Description of I	Item(s) Sold		Date of Seller	s Original	Purchase	Was Tax Paid when Pu	urchased by Seller?	Was Item Depreciable?
			SECTION C-	-For	Contracte	ors Only		
1. Purchase	es of Building Mat	erials or Fixture	95:					
As an Op Nebraska	ption 1 or Option 3 co a sales tax. My Nebra	ontractor, I hereby ska Sales or Cons	certify that purch umer's Use Tax P	ases of l ermit Nu	building mate umber is:	rials and fixtures fro 01-	m the above seller a	re exempt from
2. Purchase	es Made Under Pu	rchasing Agent	Appointment	on beha	alf of			
Pursuant of buildi	t to an attached Purch ng materials, and fixth	asing Agent Appointes are exempt fr	ointment and Dele om Nebraska sale	gation o	of Authority fo	or Sales and Use Tax	(exempt entity) , Form 17, I hereby (certify that purchases
sign		heir agent, or other p chaser's business, or ix, interest, or penalt ation and misuse.Wit	person who complete is not otherwise exe y otherwise imposed h regard to a blanket	es this cer mpted from I, be subjection	m the sales and ect to a penalty , this penalty sh	of \$100 or ten times the all apply to each purchas	Stat. §§77-2701 through tax, whichever amount se made during the period	h 77-27,135, I is larger, for Ind the blanket
/ here♪	Authorized Signature		1			Title		Date
NOTE Sell	lers must keep this	certificate	/	orde ¹			ACKA DEDADTA	
101L. 001	iora muar keep this		ncomplete cert				AORA DEPAKIM	ENT OF REVENUE.
						Accepted. IE and IA), (402) 4	171-5799	
	v			1414 (ion nee mi	- and 14), (402)	11-5123	• • •

6-134-1970 Rev. 3-2009 Supersedes 6-134-1970 Rev. 10-2007 -

NAL O

Form	99-3	Request for Taxpayer			request	er. Do n	not
Departr	nugust 2013) ment of the Treasury Revenue Service	Identification Number and Certific	cation			the IRS	
	Name (as shown on	your income tax return)					
	ST JOHN C AT	HOLIC CHURCH OF LINCOLN					
page 2.	Business name/disr	egarded entity name, if different from above			•	•	
pa	Check appropriate	pox for federal tax classification:		Exemption	s (see instru	ictions):	
pe ons on	Individual/sole		Trust/estate	Exempt pay	yee code`(if	any) 5	5
Print or type Specific Instructions on	Limited liabilit	y company. Enter the tax classification (C=C corporation, S=S corporation, P=partners		Exemption code (if an	from FATC y)	A reporting	9
Pri-	Other (see ins	tructions) >					
ific 1	Address (number, s	treet, and apt. or suite no.)	Requester's name ar	nd address	(optional)		
bed	7601 VINE STR	EET					
ee S	City, state, and ZIP	code					
Se	LINCOLN, NE	68505					
	List account number	r(s) here (optional)					
Par		/er Identification Number (TIN)					
Enter	your TIN in the app	propriate box. The TIN provided must match the name given on the "Name"	line Social sect	urity numb	er	1-1-	
reside	ent alien, sole prop	ding. For individuals, this is your social security number (SSN). However, fo rietor, or disregarded entity, see the Part I instructions on page 3. For other yer identification number (EIN). If you do not have a number, see <i>How to ge</i>					
	n page 3.						7
Note.	If the account is in	more than one name, see the chart on page 4 for guidelines on whose	Employer i	dentificati	on number	T	4
	er to enter.		4 7 -	04	4 6 0	6 4 8	
Par	it III Certifi	cation					

Under penalties of perjury, I certify that:

- 1. 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
- 2. 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
- 3. I am a U.S. citizen or other U.S. person (defined below), and
- 4. 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 such the certification, but you must provide your correct TIN. See the

instruction	ns on page 3.		/			
Sign Here	Signature of U.S. person ▶	x1/2	M.	& poson	Date 🏼	7/12/19
and the second se		No.		7 .		

General Instructions

Section references are to the opernal Revenue Code unless differivise 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. 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 4. 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-8 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.

Give Form to the

Od Life. Great Service.	from Motor Vehi	icle Taxes by Qu • To be filed with • Read Instructio	alifying N n your county ons on revers	Nonprofit Organ / treasurer. se side.	nizations	457
ame of Organization			Type of O			
t. Peter Catholic Parish			X No	nprofit Corporation	Other (specify):	
ame of Owner of Property t. Peter Catholic Parish			County Na Lancast		State Whe NE	ere Incorporated
treet or Other Mailing Address 500 Duxhall Drive			Contact N Mike Sn		Phone Nu 402-423	
ity	State	Zip Code	Email Add	tress		
incoln	NE	68516		nith@cdolinc.net		
	Identify Officers	, Directors, or Par			anization	
tle		·		le Nonpront Org	amzanon	
	Name, Address, Ci		20540			
ohn Kuchta - Trustee		Drive; Lincoln, NE 6				
nthony Arndt - Trustee		Drive; Lincoln, NE 6	00010			
		Description of th •Attach an additiona				
Motor Vehicle Make	Model Year	Body Typ	pe	Vehicle	ID Number	Registration Date Date of Acquisitio if Newly Purchase
uick	2006	4 Door Sedan		1G4HP57246U1	178395	06/06/2018
ord	1991	Pickup		1FTEF15Y3MLA		09/06/2017
				1		
empt Uses of Motor Vehicle:				£,	Are the mo	tor vehicles used exclusively
Agricultural and Horticultural ive detailed description of use, ind sed by religious personne chools, nursing homes, pr	cluding an explanation if multip I in the performance of	le use classifications exis educational and ch	st: hurch dutie	s. Transportation	to	
ive detailed description of use, ind sed by religious personne	cluding an explanation if multip I in the performance of	le use classifications exis educational and ch	st: hurch dutie	s. Transportation	to	d?
ive detailed description of use, ind sed by religious personne chools, nursing homes, pr Under penalties of	cluding an explanation if multip I in the performance of ivate homes, hospitals a of law, I declare that I have exam	le use classifications exis educational and ch and long-term care	st: nurch dutie facilities a	s. Transportation is required.	to to ito	NO Dercentage of exempt use: _%
Under penalities of Leisertieption of use, ind	cluding an explanation if multip I in the performance of ivate homes, hospitals a	le use classifications exis educational and ch and long-term care	st: nurch dutie facilities a	s. Transportation is required.	to edge and belief, it is co	NO Dercentage of exempt use: _%
Under penalties	cluding an explanation if multip I in the performance of ivate homes, hospitals a of law, I declare that I have exam	le use classifications exis educational and ch and long-term care	st: nurch dutie facilities a	s. Transportation is required.	to as indicated TYES If No, give p adge and belief, it is co 7/1	Inconstruction of exempt use: % rrect and complete. .0/2019
Under penalities of Leisertieption of use, ind	cluding an explanation if multip I in the performance of ivate homes, hospitals a of law, I declare that I have exam	le use classifications exis educational and ch and long-term care	st: nurch dutie facilities a	s. Transportation is required.	to edge and belief, it is co	NO percentage of exempt use: _% rrect and complete. .0/2019
Under penalties	cluding an explanation if multip I in the performance of ivate homes, hospitals a of law, I declare that I have exam	le use classifications exis educational and ch and long-term care	st: nurch dutie facilities a lication and, to Busines Title	s. Transportation is required.	to as indicated TYES If No, give p adge and belief, it is co 7/1	Ino Dercentage of exempt use: _% rrect and complete. .0/2019
Under penalties	cluding an explanation if multip el in the performance of ivate homes, hospitals a of law, i declare that i have exan am duly authorized to sign this [8	le use classifications exis educational and ch and long-term care	st: nurch dutie facilities a lication and, to Busines Title	s. Transportation is required.	to as indicated TYES If No, give p adge and belief, it is co 7/1	NO percentage of exempt use: _% rrect and complete. .0/2019
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DEPARTMENT OF REVENUE	from Motor Vehi	cle Taxes by Qua • To be filed with • Read Instructio	alifying I	emption Nonprofit Organiza y treasurer. se side.	lions	FORM 457
Name of Organization CrossBridge Christian Church			Type of O	wnership	h / 16 .).	
			County N		her (specify): State Where	Incompreted
Name of Owner of Property CrossBridge Christian Church		e	Lancast	ter	Nebraska	
Street or Other Mailing Address 800 Crossbridge Place			Contact N Phil Ber	rlie	Phone Numb 40240593	
Dity .incoln	State Nebraska	Zip Code 68504		lie@yahoo.com		
			ners of th	ne Nonprofit Organiza	ition	
itle	Name, Address, Cit					
Secretary & Director				t, Lincoln, NE 68521		
Secretary & Director		6218 S. 31st Street	in the second			
ecretary & Director	Greg Konout, 4	120 14th Street, Li	ncoin, ine	68521		
		Description of the				
Motor Vehicle Make	Model Year	Body Typ		Vehicle ID Nu	mber	Registration Date Date of Acquisitio if Newly Purchase
Chevrolet	1999	Sprot Van		1GNFG15R1X11170	66	July 2019
1&H Trailer	2011	Trailer		533TC1627BC20636	57	July 2019
n de berkendendende sterer b					-	
empt Uses of Motor Vehicle:					Are the motor as indicated?	vehicles used exclusively
		e use classifications exis rom CrossBridge C		hurch and to and from	X YES	NO
he vehicle is used to transpor hurch related activities. This v	t individuals to and f ehicle will also be us	rom CrossBridge C	hristian C		If No, give per	Centage of exempt use:
The vehicle is used to transpor hurch related activities. This v esponse to disasters and to as The trailer is used to transport	t individuals to and f ehicle will also be us ssist those in need. tools, supplies and r	rom CrossBridge C sed to transport vol	Christian C unteers of	n mission trips in	If No, give per	centage of exempt use:
The vehicle is used to transpor hurch related activities. This v esponse to disasters and to as The trailer is used to transport nroughout the region and cour	t individuals to and f ehicle will also be us ssist those in need. tools, supplies and r htry.	rom CrossBridge C sed to transport vol naterials in respons	Christian C unteers of se to disas	n mission trips in	If No, give per	centage of exempt use: %
The vehicle is used to transpor hurch related activities. This v esponse to disasters and to as The trailer is used to transport to proughout the region and cour	t individuals to and f ehicle will also be us ssist those in need. tools, supplies and r htry.	rom CrossBridge C sed to transport vol naterials in respons	Christian C unteers of se to disas	n mission trips in ster relief missions	If No, give per	centage of exempt use: %
the vehicle is used to transport hurch related activities. This v esponse to disasters and to as the trailer is used to transport to proughout the region and cour Under penalties of law alectice transport and to puil Butic	t individuals to and f ehicle will also be us ssist those in need. tools, supplies and r htry.	rom CrossBridge C sed to transport vol naterials in respons nined this exemption appli exemption application.	Christian C unteers of se to disas	n mission trips in ster relief missions o the best of my knowledge a	If No, give per	centage of exempt use: %
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Od Life. Great Service.	from Motor Vehic		alifying I	y treasurer.	anizatio	ns	гогм 457
ame of Organization			Type of O	Ownership			
entle Shepherd Baptist Churc	ch			onprofit Corporation	Other	(specify):	
ame of Owner of Property /A			County N Lancas			State Where I NE	ncorporated
treet or Other Mailing Address 601 W. Burnham St			Contact N Gary Fu			Phone Number 402580700	
ity incoln	State NE	Zip Code 68522		Dneb.rr.com			
	Identify Officers,		ners of th	ne Nonprofit Org	ganizatio	n	
tle	Name, Address, City,						
oyle Blodgett		odore Blvd, Lincoln		522			
effrey Newlon	and the second	Dr. Lincoln, NE 68					
ary Stanley		St, Lincoln, NE 685					
elmer Dormer	700 N. 26th St, I	Lincoln, NE 68503					
		Description of the Attach an additional					Registration Date
Motor Vehicle Make	Model Year	Body Type	B	Vehicl	e ID Numb	er	Date of Acquisition if Newly Purchase
еер	2019	SUV		1C4PJMDX6KI	0435739		06/17/2019
						-	
empt Uses of Motor Vehicle:							vehicles used exclusivel
Agricultural and Horticultural Soci	ng an explanation if multiple		L		emetery	as indicated?	XNO
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