

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<br>Women In Community Service Inc |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |                                     |
| Name of Owner of Property<br>same as above             |             | County Name<br>Lancaster   | State Where Incorporated<br>NE      |
| Street or Other Mailing Address<br>1935 D Street       |             | Contact Name<br>Tauni Waddington   | Phone Number<br>402-477-5256        |
| City<br>Lincoln  | State<br>NE | Zip Code<br>68502  | Email Address<br>wicshome@gmail.com |

### Identify Officers, Directors, or Partners of the Nonprofit Organization

| Title              | Name, Address, City, State, Zip Code               |
|--------------------|--|
| President          | Jerry Thraen, 12500 Havelock Ave, Lincoln NE 68527 |
| Secretary          | Sarah Lounsbury, 2171 Wesley Dr, Lincoln NE 68512  |
| Treasurer          | Patty Bolinger, 4810 S 72nd St, Lincoln NE 68516   |
| Executive Director | Tauni Waddington, 1935 D St, 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 |
|--------------------|------------|-----------|-------------------|--|
| Ford               | 2008       | WSD       | 1FBNE31L38DA20687 | 9/2019   |
| Dodge              | 1999       | SSP       | 1B4GP45G2XB910857 | 9/2019   |
| Hyundai            | 2016       | Elantra   | KMHDH4AD2GUTW0584 | 9/2019   |
|                    |            |           |                   |  |

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:  
These vehicles are used to transport residents of WICS Residence for Girls to and from appointments, school, recreational activities, and other necessary trips for their well being and welfare.

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

*Tauni Waddington*  
Authorized Signature

Executive Director

8/7/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:  
*Rebecca M. Sawyer*  
Signature of County Treasurer

8/13/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

Please retain a copy for your records.

DS  
SMC

NEBRASKA

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

### Identify Officers, Directors, or Partners of the Nonprofit Organization

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

### Description of the Motor Vehicles

• Attach an additional sheet, if necessary.

| Motor Vehicle Make | Model Year | Body Type | Vehicle ID Number | Registration Date or Date of Acquisition, If Newly Purchased |
|--------------------|------------|-----------|-------------------|--|
|                    |            |           |                   |  |
|                    |            |           |                   |  |
|                    |            |           |                   |  |
|                    |            |           |                   |  |

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:

VITAL Services, Inc. provides vocational and residential supports for individuals with developmental disabilities.

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, Paul Vinton, am duly authorized to sign this exemption application.

sign here

Paul Vinton  
Authorized Signature

Maintenance Director

8/9/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Sawyer  
Signature of County Treasurer

8/13/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date





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<br>Lincoln Lutheran School Association |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |   |
| Name of Owner of Property<br>1100 N 56th Street             |             | County Name<br>Lancaster   | State Where Incorporated<br>NE  |
| Street or Other Mailing Address                             |             | Contact Name<br>Doug Wiemer / Scott Ernstmeyer   | Phone Number<br>4024675404  |
| City<br>Lincoln   | State<br>NE | Zip Code<br>68504  | Email Address<br>dwiemer@lincolnlutheran.org, sernstmeyer@lincolnlutheran.org |

### Identify Officers, Directors, or Partners of the Nonprofit Organization

| Title              | Name, Address, City, State, Zip Code                   |
|--------------------|--|
| Executive Director | Scott Ernstmeyer, 1100 N 56th Street Lincoln, NE 68504 |
|                    |  |
|                    |  |

### 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 |
|--------------------|------------|-----------|-------------------|--|
| THOMAS BUS         | 2006       | BUS       | 1T7YT4C2861166240 | 1/19   |
| INTERNATIONAL BUS  | 1999       | BUS       | 1HVBGAAR2XA022054 | 9/18   |
| FORD ECOLINE       | 2009       | VAN       | 1FBNE31LX90A64123 | 9/18   |
| FORD ECONOLINE     | 2009       | VAN       | 1FBNE31L49DA74677 | 9/18   |
| GMC                | 2010       | VAN       | 1GDZGRDG3A1175509 | 9/18   |

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:

PUPIL TRANSPORTATION  
TRANSPORT STUDENTS TO ACTIVITIES

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

*Scott Ernstmeyer*  
Authorized Signature

Executive Director

8/9/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

*Rachel M. Sawyer*  
Signature of County Treasurer

8/13/2019

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<br>Bryan Medical Center                                       |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |   |
| Name of Owner of Property<br>Bryan Medical Center                                  |             | County Name<br>Lancaster   | State Where Incorporated                    |
| Street or Other Mailing Address<br>1600 South 48th Street & 2300 South 16th Street |             | Contact Name<br>Kay Larsen   | Phone Number<br>402-481-8988                |
| City<br>Lincoln  | State<br>NE | Zip Code<br>68506 & 68502  | Email Address<br>kay.larsen@bryanhealth.org |

### Identify Officers, Directors, or Partners of the Nonprofit Organization

| Title                  | Name, Address, City, State, Zip Code                     |
|------------------------|--|
| Director, Supply Chain | Heather Seeba, 1600 South 48th Street, 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 attached list  |            |           |                   |  |
|                    |            |           |                   |  |
|                    |            |           |                   |  |

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:

Employee transportation for the provision of mobile diagnostic services throughout Nebraska. Equipment and supplies transportation for Maintenance, Grounds, and Supply Chain. Employee and patient transportation.

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

  
 Heather Seeba  
 Authorized Signature

Director, supply chain

8/7/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments: \_\_\_\_\_

Disapproval

DocuSigned by:

  
 \_\_\_\_\_  
 Signature of County Treasurer

8/13/2019

Date

### For County Board of Equalization Use Only

Approval

Comments: \_\_\_\_\_

Disapproval

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

DS  
SMC

## Bryan Medical Center

1600 South 48th Street and 2300 South 16th Street

Lincoln, NE 68506 - 68502

## Motor Vehicles

| Bryan Vehicle # | Make/Year                         | Model/Body Type  | VIN #             | Use/Purpose   | Current License # |
|-----------------|-----------------------------------|--|-------------------|---|-------------------|
| 1               | Chevrolet - 2008                  | Silverado K2500, Pickup, White   | 1GCHK24K58E131766 | Snow removal  | 2358              |
| 2               | Subaru - 2014                     | XV Crosstrek, SUV, White   | JF2GPACC8E8227159 | Mobile Diagnostics  | 2359              |
| 3               | Subaru - 2015                     | Forester, SUV, White   | JF25JAAC5FH571306 | Mobile Diagnostics  | 2360              |
| 4               | Subaru - 2012                     | Forester, SUV, White   | JF25HBBC3CH431671 | Mobile Diagnostics  | 2361              |
| 5               | Subaru - 2014                     | Forester, SUV, White   | JF25JAAC3EH535581 | Mobile Diagnostics  | 2362              |
| 6               | Honda - 2016                      | CRV, Utility, White  | 5J6RM4H45GL043262 | Mobile Diagnostics  | 2363              |
| 7               | Chevrolet - 1992                  | GMT-400 K2500, Pickup, 4x4, White  | 1GCGK24K5NE138000 | Spread gravel after snow removal                          | 2364              |
| 8               | GMC - 2001                        | Sierra K1500, Pickup, 4x4, White   | 1GTEK14T91Z211334 | Snow removal, pick up/delivery of supplies                | 2327              |
| 9               | Ford - 2015                       | Transit Connect XLT, Wagon LWB, White  | NM0G59F70F1208171 | Patient/Visitor Transport from parking lot to building    | 2328              |
| 10              | Ford - 2012                       | Transit Connect  | NM0L56BNXCT124585 | Child Development   | 2329              |
| 11              | Chevrolet - 1992                  | GMT-400 C3500, Pickup/Box, White   | 1GBJC34K3NE141216 | Haul supplies   | 2330              |
| 12              | Subaru - 2014                     | Forester, SUV, White   | JF25JAAC2EH453132 | Mobile Sleep Lab - staff business travel                  | 2331              |
| 14              | Chevrolet - 2002                  | Express Cutaway G3500, Collins, Bus 14 Passenger, White                      | 1GBHG31R221222585 | Child Development   | UGU560            |
| 15              | Subaru - 2014                     | Forester, SUV, White   | JF25JAAC4EH439443 | Patient transportation and staff business travel          | 2332              |
| 16              | Honda - 2016                      | CRV, Utility, White  | 5J6RM4H31GL110382 | Mobile Diagnostics  | 2333              |
| 17              | Subaru - 2012                     | Forester, SUV, White   | JF25HBBCSCH410899 | Mobile Diagnostics  | 2334              |
| 18              | Chevrolet - 2006                  | Silverado K2500, Pickup, White   | 1GCHK24U26E279775 | Snow removal  | 2335              |
| 19              | Chevrolet - 2005                  | Equinox LS, SUV, 4 Door, White   | 2CNDL23F856183047 | Mobile Nuclear Medicine                                   | 2336              |
| 20              | Chevrolet - 2002                  | Trailblazer, LS, SUV, White  | 1GNDT135122309647 | Security  | 2337              |
| 21              | Chevrolet - 1998                  | GMT-400 K1500, Pickup, 4x4, White  | 1GCEK14R3WZ192422 | Snow removal, pick up/delivery of supplies                | 2338              |
| 22              | Chevrolet - 2009                  | Silverado, K2500, 4x4, Pickup, White   | 1GCHK44K99F124195 | Snow removal  | 2339              |
| 23              | Subaru - 2014                     | Forester, SUV, White   | JF25JAAC5EH424563 | Patient transportation and staff business travel          | 2340              |
| 24              | Ford - 2014                       | Transit Connect XLT, Wagon LWB, White  | NM0GE9F75E1140357 | Staff Transportation/Print Shop & Distribution deliveries | 2341              |
| 26              | Chevrolet - 1998                  | GMT-400 K1500, Pickup, 4x4, White  | 1GCEK14R9WZ192537 | Snow removal, pick up/delivery of supplies                | 2342              |
| 27              | Honda - 2019                      | CRV, Utility, White  | 2HKRW6H33KH209617 | Mobile Diagnostics  | 2343              |
| 28              | Subaru - 2015                     | XV Crosstrek, SUV, White   | JF2GPACC8FH250491 | Mobile Diagnostics  | 2344              |
| 29              | GMC - 2008                        | Savana G2500, Cargo Van, White   | 1GTGG25KX81233583 | Mobile Diagnostics  | 2345              |
| 30              | Ford - 2012                       | Transit Connect XLT, Cargo Van, White  | NM0L56BN8CT124570 | Distribution deliveries                                   | 2346              |
| 32              | Chevrolet - 2004                  | Venture, Extended Cargo Van, White   | 1GBDX23E74D216477 | Deliveries  | 2347              |
| 33              | Ford - 2012                       | Supreme, E450, Bus, White  | 1FDFE4FS9CDA41571 | Rehab Services  | UGU561            |
| 34              | Ford - 2016                       | Collins, Bus, 15 Passenger, White  | 1FDFE3FL3GDC02789 | Child Development   | UGU562            |
| 35              | Chevy - 2013                      | Silverado K2500, 4x4, Pickup, White  | 1GCOKVC5DF178554  | Snow removal, pick up/delivery of supplies                | 2301              |
| 39              | International - 2003              | Conventional Cab 4000 Series 4400, White - Truck 7 (Lexington), DOT #1226683 | 1HTMKAAN83H586337 | Mobile Diagnostics/ Screening                             | 2302              |
| 41              | International - 2005              | Semi Tractor 8000 Series 8600, White - Unit 1, DOT #1226683                  | 1HSHXSBR65J053168 | Screening Services Lab                                    | 2303              |
| 42              | Trailmobile - 1999 (Trailer Corp) | Semi Trailer, Blue/White   | 1PT0J1LHX9002347  | Screening Services Lab                                    | XPG800            |
| 43              | GMC - 2017                        | Savana Cutaway G3500, Van, White   | 7GZ37CG3HN009053  | Delivery of equipment/supplies                            | 2304              |
| 44              | GMC - 2011                        | Savana G1500, CargoVan, White  | 1GTS7AF49B1140680 | Mobile Diagnostics  | 2305              |
| 45              | Subaru - 2011                     | Forester, SUV, White   | JF25HBBC9BH760874 | Mobile Diagnostics  | 2306              |
| 46              | Finish Line - 2011                | 2 Wheel Utility Trailer  | 52WBU1210BR001251 | Grounds   | XPG801            |
| 47              | GMC - 2002                        | Sierra K2500 4x4, Pickup, White  | 1GTHK24U52E158636 | Snow removal, pick up/delivery of supplies                | 2307              |
| 48              | Ullhaul - 2010                    | 4 Wheel Flatbed Tilt Utility Trailer, 14,000 lbs.                            | 1U9UJ1824AW055444 | Maintenance   | XPG803            |
| 49              | Load Trail - 2011                 | Tandem Axle Dump Trailer 12'   | 4ZEDT1227B1002608 | Maintenance   | XPG804            |
| 50              | Subaru - 2012                     | Forester, SUV, White   | JF25HBBCXCH434342 | Mobile Diagnostics  | 2308              |
| 51              | Ford - 2001                       | SRW F-250, Pickup, White   | 1FTNF21L81EB35594 | Grounds   | 2309              |
| 52              | Chevrolet - 2009                  | Express Cutaway G3500, Collins, Bus, 14 Passenger, White                     | 1GBJG31K091113766 | Child Development   | UGU563            |
| 54              | Ford - 2014                       | E-350, XLT, Bus, 15 Passenger, White   | 1FB5S3BLXEDA21048 | Staff & Patient Transportation                            | UGU564            |
| 55              | Dodge - 2000                      | Caravan, Grand SE/Sport, Van, White  | 1B4GP44L8YB630139 | Maintenance   | 2310              |
| 56              | Honda - 2016                      | CRV, Utility, White  | 5J6RM4H44GL025965 | Mobile Diagnostics  | 2311              |
| 57              | Chevrolet - 2003                  | Silverado C3500, Pickup, White   | 1GBJC34UX3E254885 | Distribution  | 2312              |
| 58              | GMC - 2010                        | Savana G1500, Cargo Van, White   | 1GTUGAD49A1166044 | Mobile Diagnostics  | 2313              |
| 59              | Subaru - 2011                     | Forester, SUV, White   | JF25HBBC6BH765806 | Mobile Diagnostics  | 2314              |
| 60              | Subaru - 2012                     | Forester, SUV, White   | JF25HBBC8CH431634 | Mobile Diagnostics  | 2315              |
| 61              | Ford - 2014                       | Transit Connect XLT Van LWB, Cargo Van, White                                | NM0L57F70E1145686 | Distribution deliveries                                   | 2316              |
| 62              | Subaru - 2015                     | Outback, Wagon, White  | 454BSBCC5F3346343 | Mobile Screening  | 2317              |
| 65              | Ford - 2007                       | Explorer, 4X4, SUV, White  | 1FMEU738X7U857280 | Security - East   | 2318              |



Serial Number

1430699

# Nebraska Department of Revenue

•To cancel, see instructions on reverse

0000079

NONTRANSFERABLE  
STATE IDENTIFICATION NO  
005-000215813

DATE 06/30/2014

EXEMPT ORGANIZATION CERTIFICATE OF EXEMPTION

LOCATION ADDRESS

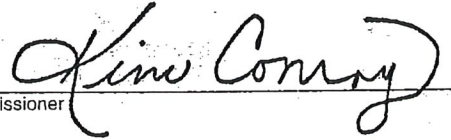
MAILING ADDRESS

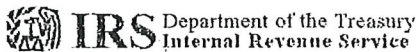
BRYAN MEDICAL CENTER  
1600 S 48TH  
LINCOLN NE 68506

BRYAN MEDICAL CENTER  
PAYROLL  
1600 S 48TH ST  
LINCOLN NE 68506

RETAIN THIS FOR YOUR RECORDS

Tax Commissioner





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

In reply refer to: 0752858406  
Feb. 16, 2018 LTR 4168C 0  
47-0376552 000000 00

00016605  
BODC: TE

BRYAN MEDICAL CENTER  
% PAYROLL  
1600 SOUTH 48TH STREET  
LINCOLN NE 68506-1299

Employer ID Number: 47-0376552  
Form 990 required: Y

Dear BRYAN MEDICAL CENTER:

This is in response to your request dated Feb. 07, 2018, regarding your tax-exempt status.

We issued you a determination letter in FEBRUARY 1956, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (03).

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

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

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

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

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

RECEIVED FEB 20 2018



0752858406  
Feb. 16, 2018 LTR 4168C 0  
47-0376552 000000 00  
00016606

BRYAN MEDICAL CENTER  
% PAYROLL  
1600 SOUTH 48TH STREET  
LINCOLN NE 68506-1299

Sincerely yours,



Teri M. Johnson  
Operations Manager, AM Ops. 3

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<br>Sisters of Mary Queen of Mercy      |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |                                       |
| Name of Owner of Property<br>Sisters of Mary Queen of Mercy |             | County Name<br>Lancaster   | State Where Incorporated<br>NE        |
| Street or Other Mailing Address<br>9141 S 78th Street       |             | Contact Name<br>Sister MaryClare Vu  | Phone Number<br>402-421 1704          |
| City<br>Lincoln   | State<br>NE | Zip Code<br>68516  | Email Address<br>mcmaidem03@yahoo.com |

### Identify Officers, Directors, or Partners of the Nonprofit Organization

| Title                        | Name, Address, City, State, Zip Code  |
|------------------------------|---|
| Substitute General Assistant | Sr. MaryClare Vu<br>9141 S 78th Street<br>Lincoln, NE 68516<br>ph- 402-421 1704 |

### 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 |
|--------------------|-------------|--------------|-------------------|--|
| Civic U.S LX-S     | Honda 2009  | 4D Sedan     | 2HGFA16629H335697 | SEPT OPTION  |
| Camry LE           | Toyota 2013 | 4D Sedan     | 4T1BF1FK4DU665810 | SEPT OPTION  |
| Versa SV/SL        | Nissan 2014 | 4D Sedan     | 3N1CN7AP7EL856198 | SEPT OPTION  |
| Versa Note /SV/SR  | Nissan 2015 | 4D Hatchback | 3N1CE2CP7FL374302 | SEPT OPTION  |
| Versa Note /SV/SR  | Nissan 2015 | 4D Hatchback | 3N1CE2CPXFL398626 | SEPT OPTION  |

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:

I HAVE TWO MORE VEHICLES (TOTALSEVEN) TO USE FORM 457- I DO NOT HAVE ENOUGH SPACE FOR: VILLAGER MERCURY 1999- SPORT VAN (THE ID IS: 4M2XV11T5XDJ17472) AND THE DEVILLE (FWD) CADILLAC 2002 4D SEDAN (THE ID IS: 1G6KD54Y32U293904) USED TRANSPORTATION FOR COMMUNITY PURPOSES TO CHURCH, EDUCATION, RELIGIOUS CEREMONIES, SCHOOL, WORK, SOCIAL SERVICES WITH CHARITY PURPOSES, AND FOR THE ADMINISTRATIVE DUTIES FOR THE DIOCESE OF LINCOLN, NEBRASKA

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

  
 Sister Mary Clare Vu  
 Authorized Signature

Subs General Asisstant

8/8/2019

Title

Date

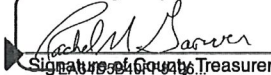
### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

  
 Signature of County Treasurer

8/13/2019

Date

### For County Board of Equalization Use Only

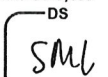
Approval

Comments:

Disapproval

Authorized Signature

Date

DS  




Sisters of Mary, Queen of Mercy  
9141 S. 78<sup>th</sup> Street  
Lincoln, NE 68516  
Telephone (402) 421-1704

August 8<sup>th</sup> 2019

To: Andy Stebbing  
Lancaster County Treasurer  
Motor Vehicle Division  
625 N. 46<sup>th</sup> Street  
Lincoln, NE 68503-3720

To Whom It May Concern,

I would like to ask for the Tax Exemption on the motor vehicles owned by our Congregation, a Nonprofit Organization with the Applicant name: Sisters of Mary, Queen of Mercy. Our address is at the top right of this letter.

These vehicles are registration as September's option. The multiple classifications for use are: transportation for community purposes to Church, education, Religious ceremonies, school, work, social services with charity purposes, and for the administrative duties for the Diocese of Lincoln, Nebraska.

| <u>Vehicle Model</u> | <u>Make Year</u> | <u>Body Style</u> | <u>Vehicle Identification Number</u> |
|----------------------|------------------|-------------------|--------------------------------------|
| 1- Villager          | Mercury 1999     | Sport Van         | 4M2XV11T5XDJ17472                    |
| 2- Deville (FWD)     | Cadillac 2002    | 4D Sedan          | 1G6KD54Y32U293904                    |
| 3- Civic U.S LX-S    | Honda 2009       | 4D Sedan          | 2HGFA16629H335697                    |
| 4- Camry LE          | Toyota 2013      | 4D Sedan          | 4T1BF1FK4DU665810                    |
| 5-Versa SV/SL        | Nissan 2014      | 4D Sedan          | 3N1CN7AP7EL856198                    |
| 6-Versa Note/SV/SR   | Nissan 2015      | 4D Hatchback      | 3N1CE2CP7FL374302                    |
| 7- Versa Note/SV/SR  | Nissan 2015      | 4D Hatchback      | 3N1CE2CPXFL398626                    |

This information is in additional to the Form 457 of Exemption Application. Thank you for your consideration.

Sincerely,

Sister MaryClare Vu

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<br>Tabitha, Inc.                   |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |  |
| Name of Owner of Property<br>Tabitha, Inc.              |             | County Name<br>Lancaster   | State Where Incorporated<br>Nebraska       |
| Street or Other Mailing Address<br>4720 Randolph Street |             | Contact Name<br>Steve Watson   | Phone Number<br>402-486-8642               |
| City<br>Lincoln   | State<br>NE | Zip Code<br>68510  | Email Address<br>Steven.Watson@Tabitha.org |

### Identify Officers, Directors, or Partners of the Nonprofit Organization

| Title           | Name, Address, City, State, Zip Code                      |
|-----------------|---|
| President & CEO | Christie Hinrichs 4720 Randolph Street, Lincoln, NE 68510 |
| CFO             | Darcie Brink 4720 Randolph 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 |
|--------------------|------------|-----------|-------------------|--|
| Braun              | 2019       | Wagon     | 2C7WDGBG5KR683696 | 7/10/2019  |
| Braun              | 2019       | Wagon     | 2C7WDGBG3KR683695 | 7/03/2019  |
| Goshen             | 2019       | Bus       | 1FD4E4FS1KDC27684 | 6/25/2019  |
|                    |            |           |                   |  |

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:  
Transportation of our Elderly population.

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

*Steven Watson*  
Authorized Signature

Purchasing & supply chain Mgr 8/9/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments: \_\_\_\_\_

Disapproval

DocuSigned by:  
*Rachel M. Sawyer*  
Signature of County Treasurer

8/13/2019

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<br>The Bridge Behavioral Health, Inc. |             | Type of Ownership<br><input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other (specify): _____ |  |
| Name of Owner of Property                                  |             | County Name<br>Lancaster   | State Where Incorporated<br>Nebraska         |
| Street or Other Mailing Address<br>721 K Street            |             | Contact Name<br>Lori Popp  | Phone Number<br>402-477-3951                 |
| City<br>Lincoln  | State<br>NE | Zip Code<br>68508  | Email Address<br>lpopp@thebridgenebraska.org |

### Identify Officers, Directors, or Partners of the Nonprofit Organization

| Title          | Name, Address, City, State, Zip Code                            |
|----------------|---|
| President      | Mayde McGuire, 575 S 10th Street, Lincoln, NE 68510             |
| Vice President | Megan Witherspoon, 300 N 17th Street, Lincoln, NE 68588         |
| Treasurer      | Christine Jackson, 9030 Whispering Wind Road, Lincoln, NE 68512 |

### 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               | 2003       | F2S       | 1FTNF21L03EC41086 | 9/2019   |
| Ford               | 2004       | E-350 Van | 1FBNE31L44HA47609 | 9/2019   |
| Ford               | 1997       | CS3       | 1FBJS21SXVHB06310 | 9/2019   |

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:

These vehicles are used to transport the Agency's clients and supplies to/from appointments and self help groups. Supplies are typically food from the Food Bank

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, Lori Popp, am duly authorized to sign this exemption application.

sign here

Lori Popp  
Authorized Signature

Business Manager

8/7/2019

Title

Date

### For County Treasurer Recommendation

Approval

Comments:

Disapproval

DocuSigned by:

Rachel M. Sawyer  
Signature of County Treasurer

8/13/2019

Date

### For County Board of Equalization Use Only

Approval

Comments:

Disapproval

Authorized Signature

Date

DS  
SMC