

File with Your
County Treasurer

Application for Exemption from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

Agenda Item # 28
Date 5/1/24
457

• Read instructions on reverse side.

Name of Organization Lutheran Family Services of Nebraska, Inc		Tax Year 2024	Value of Motor Vehicles \$533
Name of Owner of Property Lutheran Family Services of Nebraska, Inc.		County Name Dodge	State Where Incorporated NE
Street or Other Mailing Address 7929 W Center Rd		Contact Name Abigail Johnson	Phone Number 402-550-2753
City Omaha	State NE	Zip Code 68124	Email Address abby.johnson@onelfs.org

Type of Ownership

Agricultural and Horticultural Society Educational Organization Religious Organization Charitable Organization Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Brenda Smith	Board Chair	7929 W Center Rd, Omaha, NE 68124
Miranda Watson	Board Vice Chair	7929 W Center Rd, Omaha, NE 68124
Christopher Tonniges	Board Secretary	7929 W Center Rd, Omaha, NE 68124

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
Chrysler	2005	Town & Country	2C8GP64L25R545422	May 2024

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Give a detailed description of the use of the motor vehicle:

This van supports our Fremont Children & Family Services and Behavioral Health programs by providing: 1) mobile outreach for staff to perform home visits, engage in joint organization programs, or reach clients that may not have transportation or live in remote areas; 2) client transportation to and from appointments, therapy sessions, or other essential services; 3) transportation of staff, equipment, and other supplies to community outreach activities like health fairs and educational workshops; 4) transporting staff and supplies when providing support for emergency response situations; and 5) community supply/resource distribution.

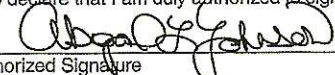
Are the motor vehicles used exclusively as indicated? (see instructions)

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  Abigail Johnson Director of Operations 4/19/2024
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____
 Denial

 Phil Bergstad Signature of County Treasurer 4-22-24 Date

For County Board of Equalization Use Only

Approved If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.
 Denied

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member _____ Date _____

Please retain a copy for your records.