File with Your County Assessor on or Before December 31

Exemption Applicationfor Tax Exemption on Real and Personal Property by Qualifying Organizations

Read instructions on reverse side.

Egiluro to p	roperly complete or timely file	thic ann	lication will recult in	a donial of the o	vomntion	1
Name of Organization	roperly complete or timely me	ппь арр	County Name	i a demai oi tile e	Tax Year	
Name of Business if Different than Organization	on		State Where Incorporat	ed		
Name of Owner of Property			Value of Real Property	Value of Personal Prop	perty Parcel ID	Number
Street or Other Mailing Address of Applicant			Contact Name		Phone Nu	ımber
City	State Zip Code		Email Address			
Type of Organization (Please attach documen						
Agricultural and Horticultural Society	Educational Organization Title of Officers,				anization	Cemetery Organizatio
Name	Directors, or Partners		Phone Number		Email Con	iacis
Legal description of real property and general	I description of all depreciable tangible	le personal	property, except license	nd motor vehicles:		nformation on exemptions, an the QR
Property described above is used in the follow	ving exempt category (please mark th	ne applicab				
Agricultural and Horticultural Society	Educational Reli	igious	Charitable	Cemetery		
All organizations, except for an Agricultu						
Is all of the property used exclusively as d Is the property used for financial gain or pro						'ES ∐ NO 'ES ∏ NO
Is a portion of the property used for the sa If Yes, state the number of hours per we	ale of alcoholic beverages?					=
Is the property owned or used by an organ	·	ership or e	mployment based on ra	ce, color, or national c	origin? 🔲 Y	ES NO
complete. I also declare that I a	leclare that I have examined this exer am duly authorized to sign this exemp			of my knowledge and	d belief, it is cor	rect and
sign Authorized Signature			Title			ite
	Retain a	copy fo	r your records.			
	For County As	sessor's	s Recommendation	on		
Approval	COMMENTS:					
Approval of a Portion						
Denied	Signature of	of County A	ssessor			te
			ualization Use O	nly		-
Approved	If the County Board's determ	nination is o	different from the County	Assessor's recomme	ndation, an exp	anation is required.
Approval of a Portion						
Denied		461111	and hand of the Control of the Contr	and halfor the U.S.	-1	with a County S
			ne best of my knowledge rect pursuant to the laws			by the County Board
	Signature of	of County E	Board Member		Da	te

County Clerk: A legible copy of this form showing the final decision of the County Board of Equalization must be delivered electronically to the Nebraska Department of Revenue within seven days after the Board's decision.

Instructions

Who May File. An organization that owns real or depreciable tangible personal property, except licensed motor vehicles, and is seeking a property tax exemption, must file an Exemption Application for Tax Exemption on Real and Personal Property by Qualifying Organizations, Form 451, if:

- 1. The property is owned by and used exclusively for agricultural and horticultural societies; or
- 2. The property is:
 - a. Owned by educational, religious, charitable, or cemetery organizations, or any organization for the exclusive benefit of any educational, religious, charitable, or cemetery organization;
 - b. Used exclusively for educational, religious, charitable, or cemetery purposes;
 - c. Not owned or used for financial gain or profit to either the owner or user;
 - d. Not used for the sale of alcoholic beverages for more than 20 hours per week; AND
 - e. Not owned or used by an organization which discriminates in membership or employment based on race, color, or national origin.

An organization must file a Form 451 if new property is acquired, or if the property is converted to exempt use. Applications not completed in full, including the estimated value of the real property, and if applicable the personal property, will result in the denial of the requested exemption.

When and Where to File. The Form 451 must be filed on or before the December 31 immediately preceding the year for which the exemption is sought, with the county assessor of the county where the property is subject to tax.

Late Filings/Waivers. If an organization fails to file a Form 451 on or before December 31, it may file a Form 451 on or before June 30 with the county assessor. The organization or society must also file a written request with the county board of equalization for a waiver, so that the county assessor may consider the application for exemption. The county board of equalization may grant the waiver upon finding that good cause exists for the failure to make application on or before December 31.

If the waiver is granted, the county assessor will examine the application and recommend to the county board of equalization whether the real property or tangible personal property should be taxable or exempt. The county assessor must assess a penalty against the organization in the amount of 10% of the tax that would have been assessed had the waiver been denied or \$100, whichever is less, for each calendar month or fraction thereof for which the filing of the exemption application missed the December 31 deadline. The penalty may not be waived.

Property Acquired or Converted to Exempt Use. If property is acquired or converted to exempt use after January 1, the organization may file an application for exemption on or before July 1 of the year the property was acquired or converted. If an organization, between July 1 and levy date (October 20), purchases property that has been granted a tax exemption, and the property continues to be qualified for exemption, the purchasing organization must file an application for exemption on or before November 15.

Taxable property acquired or converted after July 1 is not eligible for exemption that year. If an application is filed, it will be considered an application for exemption for the next year.

Intervening Years. After an exemption has been approved, a new application must be filed for every year evenly divisible by four. For the intervening years (those years not evenly divisible by four), the Statement of Reaffirmation of Tax Exemption, Form 451A, must be filed on or before the December 31 immediately preceding the year for which the exemption is sought, except for real property of cemeteries.

Cemetery Organizations. Any real property exemption granted to a cemetery organization will remain in effect without reapplication, unless disqualified by change of ownership or use. On or before August 1, the county assessor must annually review the ownership and use of all cemetery real property and report this review to the county board of equalization.

Appeal Procedures. In the event of disapproval of this application by the county board of equalization, an appeal may be filed with the Tax Equalization and Review Commission within 30 days of the final decision.

Specific Instructions. Property tax exemptions are strictly construed, and it is the responsibility of the applicant to prove the property qualifies for an exemption. Failure to provide a detailed use of the property in the space provided may result in the denial of the application. The burden of proof lies with the organization to provide all documentation that would support the potential of the exemption being approved.

If the property is used for more than one type of use, mark the appropriate blocks and give the approximate percentage of use under the classification. Describe in detail the use of the property for which an exemption is sought. Explain any circumstances when the property may be used for taxable purposes. If additional space is needed, use a separate sheet of paper and attach a copy to each copy of this form.

The completed Form 451 must be retained by the county clerk after the county board of equalization action, with a legible copy forwarded electronically to the Department within seven days of the board's decision. The county assessor may make copies for the county's records.

Permissive Exemption Application Questionnaire

Building/Parcel A	ddress:				
		Ownership			
Does the organi	zation hold legal title t	o the building/p	arcel for wh	ich the exemption	is sought?
	YES	NO			
-	ganization hold equital me other instrument?	ole title under a	land contra	ct, lease-purchase	e agreement,
Please describe t	he nature of the instru	ment.	YES	NO	
	n holds equitable, but r imstances under whicl			egal title in the futu	re? If so,
la tha annari-atia				الماموموا مئز س	
interest in the buil	n leasing the property ding/parcel?	-	•		
Please provide:		YE	:5	NO	
r loudo provido.		Name o	f Property C	Owner	
	Lease Te	erms		Monthly F	Rent
for which you are the actual improve	nswers for each of the seeking an exemption rement type, you will but section, click on "Fe on your parcel.	n. Click all boxe be sent to that in	es that perta	ain to your parcel. t type's questions.	By clicking on At the end of
LIN	IIMPROVED LOTS (L	AND)	ÇIN	JOLE EAMILY DE	SIDENCES

JNIMPROVED LOTS (LAND) SINGLE-FAMILY RESIDENCES

COMMERCIAL MULTI-FAMILY

HOUSING FOR THE ELDERLY DAYCARE

HOSPITAL/MEDICAL FACILITIES FACILITIES RETAIL

RELIGIOUS FRATERNAL ORG/UNION HALL

EDUCATIONAL

Unimproved Parcels (Land)

Does the parcel have an improvement (building or other structure)?	YES	NO
If not, is the unimproved parcel being used for any activities by your organizate. How often do the activities occur?	ion? If so, what	are they?
Is the unimproved parcel used for any activities by an entity other than your or entity that uses the property, what those uses are and how often they occur. Is use of the parcel, and if so, how much?		
Does the organization have plans to add an improvement to the parcel in the improvement does the organization plan on adding? What is the proposed tin		nat
What steps has the organization taken to add that improvement?		
Has there been a resolution from the organization's board of directors commit using the parcel in this way? When was the resolution adopted? If there I resolution adopted, please provide a copy of the resolution.		

Unimproved Parcels (Land) continued

Has construction begun on the proposed improvement? If so, when did it begin and how close to completion is the improvement?
Has the organization gotten architectural plans for the improvement or done any preparation work for building the proposed improvement? If so, from whom were the plans obtained? Describe any preparation work that was done.
Return to Improvement Types

Single-Family Residential Property

If a single-family residentia	I dwelling is on	the parcel, is it	occupied:		
Full-time?	Part-time?	РВ	y whom?		
Is a member or staff member	per of the organ	ization occupyi	ng the dwelling	required to I	ive there?
YES	NO				
Is the member or staff mer periodically relocate to diffe			•	organization	to
YES	NO If s	o, how often?		,	
Is the dwelling provided as organization?	part of the com YES	pensation pack	•	s/officers/en	nployees of the
Does a member of the orga	anization have a	an office in the	dwelling?	YES	NO
Is rent charged, and if so,	how much?	NO	YES Mon	thly Rent:	
If the occupant is not a me religious, educational or ce	•		J	d for another	charitable,
Is it used for low-income h	ousing?	YES	NO		
Please describe the terms	under which the	e dwelling is us	ed.		
If the dwelling is used for lo	w-income hous	ing, does the o	rganization cha	rge rent and	, if
so, what is the rental rate?	YES	NO	Monthly R	ent:	
How does that rate compare	e with the rent c	harged for othe	er, similar prope	rties in the a	ırea?
Is the rent paid by the tenar	nt or some other	r source?	Tenar	nt	Other Source
What happens if the tenant	does not pay th	e rent?			

Single-Family Residential Property - continued

Is it used exclusively as a dwelling or	are organizational activ	ities held in the house?
Dwelling	Organizational Activitie	es
If there are organizational activities, and how often they occur. Please pr showing the nature of the activities, a	ovide any backup to th	nose activities, such as calendars
Please provide a list of those meetings month period, including the date of the		
If the dwelling is used as a "group hom disabled, please describe the residents		nysically or developmentally
Are the residents of the group home ca	apable of living independ	ently without supervision?
Υ	/ES	NO
How is the group home staffed and wha	at hours are staff present	at the group home?
What are the duties of the staff of the gr	roup home?	
In addition to serving as the dwelling of physical, social or education programs		up home, is the dwelling used for YES NO
If so, please describe those programs.		

Churches/Temples/Religious Buildings

Is the building used for relig	gious services/activit	ties?	YES	NO
Please describe the service	es/activities and how	often they o	ccur.	
When not being used for re	eligious services/acti	vities, is the b	ouilding use	ed for other purposes?
			YES	NO
If YES, please describe tho	se uses.			
Are there portions of the bu	uilding used by perso	one firme or	organizatio	one other than your
organization?			organizatio	ons other than your
	YES	NO		
If YES, please describe the space, the purpose for which	•	•	•	, ,
opace, and parpose for min.	on it is assa, and and			pa.poco.
Is there a parsonage on the	e parcel?	YES		NO
If YES, please also answer	the "Single-Family I	Residential P	roperty" qu	estions in this questionnaire.
Is there a school on the par	rcel?	YES		NO
If YES, please also answer	the "Educational Fa	acilities" ques	tions in this	s questionnaire.
Is there a daycare on the p	arcel?	YES		NO
If YES, please also answer	the "Daycare" ques	tions in this c	uestionnai	re.

Commercial Property

Is it solely used by the organization, and if so, for what purpose	or purposes?	
Describe the group orter	YES	NO
Describe the property.		
		d the continue of
If other entities use all or a portion of the building, please list the building they use. Please provide the square footage used		
Is the use of the building by other entities continuous or occasion	nal?	
Co	ntinuous	Occasional
If continuous, please describe the terms and conditions under we the amount of rent, length of the lease and how the space is use	•	is used, such as
the amount of fent, length of the lease and now the space is use	au:	
If the use of the building by other entities is occasional, please li occasions on which it was used. Describe the uses of the building		and the
	3	
		¥
Is the building or some portion of it used for the sale and consu	•	
hours a week? If so, what portion of the building is used for that footage of that area?	it purpose; wha	at is the square
Is the building or some portion of it leased to a for-profit entity		` ,
names of the lessee(s), What is the square footage of the areadoes the lessee use the portion leased?	a leaseur Ful	what purpose
If the operation of the building shows a profit after the payment used or distributed?	of expenses,	how is that money
acca of distributou.		

Multi-Family Housing

Describe the use of the prope	erty.			
What is the monthly rent charg	ged to tenants?	\$		
How does the rent charged co	ompare with market re	ents in the area	17	
Below Market Rate \$		Above Market		
If the rent the organization charging the m				
Does the rent come from the te so, what are they? List other sources:	enants, or does a portion		ome from other so	ources? If
Is the rent paid by tenants to the If YES, describe the monetary	YES	NO	ally by some oth	er source?
Are tenants evicted from the pro-	YES t, does a third party pa	NO y the rent, or is	there some type	of
Does the facility have an opera-	tional profit after expe	nses?	YES	NO
If so, how is that money used? organization?	If not, how are any op	perating deficits	of the facility co	vered by the

Housing for the Elderly

Describe the tenants. Are they able to some assistance from trained medical live on their own without assistance, we require assistance with the tasks of data.	al personnel, such as what happens if their	doctors or	nurses? If they are	able to
If the tenants require assistance with assistance provided.	their tasks ofdaily liv	ving, descri	be the nature of the	
Are the tenants required to have som to live in the facility?	e certification by a pl	hysician of	their need for care in	order
·	YES	NO		
Describe the medical care available to equipment.	o residents at the fac	cility, includ	ing medical staffand	I
Does the facility hold a license as a me	edical-care provider?	?	YES	NO
If the facility is operated at a profit, aft distributed?	er payment of expen	ses, how is	that money used or	

Return to Improvement Types

Fraternal Organization/Union Halls

Please describe the layout of toganizational offices? Meeting				ire footage is	used for	
Is there a portion of the buildin hours a week?	g used for the sale a	and cons	sumption of ald	cohol for more	e than 20	
What is the square footage of	that area?					
What percentage of the total s	quare footage of the	e building	does that spa	ace represent	?	
Are courses in academic, tech	nical or vocational s	subjects t	aught at the fa	acility?	YES	NO
Please describe what they are	and how often they	are offe	red.			
	,					
What is the square footage of	that area in which th	ne classe	s are offered?			
What percentage of the total se	quare footage of the	building	does that spa	ice represent	?	
If there is a large, multipurpose wedding receptions, family reu uses this space.						on
Does it conduct organizational occur?	activities in that spa	ace? If s	o, what are the	ey and how o	ften do they	
If such large, multipurpose are to whom was the space leased				ar, how often	did that occu	ır,

Educational Facilities

Please describe the nature of the academic, technical or vocational subjects taught in the

facility/building	.				
Are those cou	rses taught year-round?		YES	NO	
If not, during w	hat portion of the year are	e the course	s taught?		
If no classes are used and its role	e taught in the facility, pleas e in the educational activitie	se describe thes of the orga	ne manner in nization.	which the facility/building	is
	of the building used by entit n of the facility/building and				
How often is tha	t portion of the facility/build	ling used by t	hose entities	?	
				Return to Improvemen	nt Types

Daycare

What is the age range of children at the daycare?	,		
How many children are typically enrolled at the daycare?			
Is there any sort of curriculum followed for all, or some of the children at the daycare?			
	YES	NO	
If so, has that curriculum been approved by any Please describe the curriculum.	federal, state or local agen YES	cy? NO	
Is the daycare operated in conjunction with or support of a charitable, educational, or religious facility, such as a hospital or school?			
Please explain the role of the daycare, if any, in f	YES urthering the operation of the	NO he facility it supports.	
What is the fee structure for the daycare?			
Are the fees charged related to a family's ability	to pay?		
	YES	NO	
If a family cannot afford to pay the fees, may th daycare?	ey continue to send their	child or children to the	
Does the daycare provide "scholarships", providing no-cost or reduced-cost daycare services to families who cannot afford to pay the normal fees?			
	YES	NO	
If so, how many children are enrolled on that basis?			

Return to Improvement Types

Hospitals and Medical Facilities

Does the hospital or medical facility turn patients away when they have no insurance, or cannot afford to pay for medical care at the hospital?				
	YES	NO		

If the hospital or medical facility provides free or reduced-rate medical care for those who cannot afford to pay for their medical care, what is the value of the medical services provided on this basis during the most recent annual accounting period?

Does the hospital or medical facility contract with any other entity for the day-to-day operation of the facility, or the provision of staff for the facility?

YES NO

If YES, what is the entity and describe the service or services it provides?

How is the entity compensated for its services?

If the entity contracted with provides the staff for the facility, does the hospital/medical-modes facility or contract entity direct the work of the staff, determine work assignments/ compensation and make the decisions regarding hiring, discipline, and termination of staff?

Hospital/Medical Facility

Contract Entity

** PLEASE PROVIDE A COPY OF THE CONTRACT. **

What were the gross revenues of the hospital or medical facility during its most recent annual accounting period?

Hospitals and Medical Facilities - continued

Is the hospital or medical facility reimbursed by a rate medical care provided by the hospital or medical facility reimbursed by a		offree or reduced-
	YES	NO
If so, what portion is reimbursed?		
Does the reimbursement come from a government	nt entity?	
	YES	NO
If not, from where does reimbursement come?		
Does the hospital or medical facility lease space t	to for-profit entities?	
	YES	NO
If so, how much of the space in the hospital is lea	sad?	
in so, now much of the space in the hospital is lea	seu:	
What is the rent charged?		
If the hospital or medical facility shows a profit, at	fter expenses are paid, ho	w is that money
used or distributed?		

Retail Store

Describe the goods sold.			
Describe how the prices of the goods sold are det	ermined?		
Are the goods sold for prices comparable to other stores selling similar goods? For example, if selling second-hand clothing and household items, are the prices charged comparable to prices for similar goods at other stores in the community selling second-hand clothing and household items?			
	YES	NO	
If so, are there ever circumstances in which goods are sold at below comparable prices at similar			
retail stores?	YES	NO	
Please describe those circumstances.			
Are there ever circumstances under which goods organizations free of charge?			
Please describe those circumstances.	YES	NO	
How many times in the previous twelve-month period have such donations been made?			
What is the estimated value of goods provided free of charge?			

Retail Store - continued

How many people does the store employ	/?		
Are the workers in the store part of an organized, ongoing job-training program?			
	YES	NO	
If so, please describe the program and ho	ow many workers ir	the store are part of that program.	
If there are workers in the store who are rethey hired and how many are there?	not part ofan ongoi	ng job-training program, how are	
What were the gross revenues of the stoperiod?	re during its most re	ecent annual accounting	
If the store shows a profit after expenses are paid, how are those monies used?			
If the "Submit Form" button does not we	rk right oliok and a	Return to Improvement Types	
If the "Submit Form" button does not won application to your desktop as "2016 Exe application as an attachment to exemption	emption - "Your Org	ganization Name". Email your	

If you are unable to email your application/questionnaire, click on the "PRINT" button and mail or deliver your documents to:

Douglas County Assessor/Register of Deeds
1819 Farnam St. - 4th Floor
Omaha, NE 68183