

File with Your County
Assessor on or
Before December 31

Exemption Application

for Tax Exemption on Real and Personal Property by Qualifying Organizations

Read instructions on reverse side.

FORM
451

Failure to properly complete or timely file this application will result in a denial of the exemption.

Name of Organization Region I Office of Human Development	County Name Scotts Bluff	Tax Year 2025
Name of Business if Different than Organization	State Where Incorporated Nebraska	
Name of Owner of Property	Value of Real Property \$100	Value of Personal Property \$10,000
Street or Other Mailing Address of Applicant PO Box 1327	Contact Name Robert C Davis	Parcel ID Number 0010017682
City Scottsbluff,	Email Address rdavis@regohd.org	Phone Number 3086353444
State NE	Zip Code 69363-1327	

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
Bruce Messersmith	Chairman	4241 269th Trail, Alliance, NE 69301
Steve Burke	Vice Chairman	7609 Thomas Road, Alliance, NE 69301
Ken Meyer	Secretary/Treasurer	1602 Ave P, Scottsbluff, NE 69301

Legal description of real property and general description of all depreciable tangible personal property, except licensed motor vehicles:

PT LT 103, ALL LT 104B, HIGHLAND PARK
ADD
S-T-R: 35-22-55
104B Spring Valley LN

Property 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 primary use of the property and any other uses of the property:

Property is used as a residential home to individuals with developmental disabilities.

All organizations, except for an Agricultural and Horticultural Society, must complete the following questions.

Is all of the property used exclusively as described above? ☒ YES ☐ NO
Is the property used for financial gain or profit to either the owner, the owner or organization making exclusive use of the property, or private individuals? ☐ YES ☒ NO
Is a portion of the property used for the sale of alcoholic beverages? ☐ YES ☒ NO
If Yes, state the number of hours per week _____
Is the property owned or used by an organization which discriminates in membership or employment based on race, color, or national origin? ☐ YES ☒ NO

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

Authorized Signature

Executive Director

06/23/2025
Date

Retain a copy for your records.

For County Assessor's Recommendation

☒ Approval

☐ Approval of a Portion

☐ Denied

COMMENTS:

Real Property 102,575

Personal Property 10,000

Robert C. Davis

Signature of County Assessor

6/25/25
Date

For County Board of Equalization Use Only

☐ Approved

☐ Approval of a Portion

☐ Denied

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

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

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.