



**COMPLIANCE WITH STATEMENT OF BENEFITS  
PERSONAL PROPERTY**  
State Form 51765 (R4 / 11-16)  
Prescribed by the Department of Local Government Finance

**CONFIDENTIAL**

**FILED**  
MAY 18 2020

**PRIVACY NOTICE**  
This form contains information  
confidential pursuant to  
IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

**CITY CLERK**

- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
  2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1, and May 15, of each year, unless a filing extension under 1C 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1, and the extended due date of each year.
  3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance (CF-I).

SECTION 1 TAXPAYER INFORMATION								
Name of taxpayer Tri Aerospace, LLC						County Vigo		
Address of taxpayer (street and number, city, state and ZIP code) 1055 S. Hunt Street Terre Haute IN 47803						DLGF taxing district number 84007		
Name of contact person Lindy Price						Telephone number (812) 872-2400		
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY								
Name of designating body Common Council of the City of Terre Haute,				Resolution number #29, 2012		Estimated start date (month, day, year) 12/01/2012		
Location of property 1055 S. Hunt Street Terre Haute IN 47803						Actual start date (month, day, year) 12/01/2012		
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. A 5 axis milling machine used in the production of aircraft engines and engine parts						Estimated completion date (month, day, year) 06/01/2013		
						Actual completion date (month, day, year) 06/01/2013		
SECTION 3 EMPLOYEES AND SALARIES								
EMPLOYEES AND SALARIES						AS ESTIMATED ON SB-1	ACTUAL	
Current number of employees						33	34	
Salaries						61,130	2,305,945	
Number of employees retained						33	33	
Salaries						61,130	2,238,123	
Number of additional employees						3	1	
Salaries								
SECTION 4 COST AND VALUES								
AS ESTIMATED ON SB-1	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project		280,000						
Less: Values of any property being replaced								
Net values upon completion of project		280,000						
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project								
Plus: Values of proposed project		122,311						
Less: Values of any property being replaced								
Net values upon completion of project		122,311						
NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).								
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER								
WASTE CONVERTED AND OTHER BENEFITS						AS ESTIMATED ON SB-1	ACTUAL	
Amount of solid waste converted								
Amount of hazardous waste converted								
Other benefits: See attached								
SECTION 6 TAXPAYER CERTIFICATION								
I hereby certify that the representations in this statement are true.								
Signature of authorized representative <i>Lindy N. Price</i>				Title Controller		Date signed (month, day, year) 05/15/2020		

**ATTACHMENT TO FORM CF-1, page 1, Section 5**

Name of taxpayer

Tri Aérospâce, LLC

**SECTION 5**

**WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER**

Other benefits:

Employees receive retirement benefits of contribution to 401(k) and comprehensive health insurance, vision, dental, and long-term disability insurance.

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
2. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
3. If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the County Assessor and the County Auditor.
4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
5. If the designating body determines that the property owner has NOT made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the County Auditor; and (3) the County Assessor.

We have reviewed the CF-1 and find that:

- the property owner IS in substantial compliance
- the property owner IS NOT in substantial compliance
- other (specify) \_\_\_\_\_

Reasons for the determination (attach additional sheets if necessary)

Signature of authorized member

Date signed (month, day, year)

6-11-2020

Attested by:

Michelle Edwards

Designating body

TERRE HAUTE CITY COUNCIL

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of hearing

- AM  
 PM

Date of hearing (month, day, year)

Location of hearing

**HEARING RESULTS (to be completed after the hearing)**

- Approved  Denied (see instruction 5 above)

Reasons for determination (attach additional sheets if necessary)

Signature of authorized member

Date signed (month, day, year)

Attested by:

Designating body

**APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]**

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.



STATEMENT OF BENEFITS  
PERSONAL PROPERTY

State Form 51764 (R2/12-11)

Prescribed by the Department of Local Government Finance

FORM SB-1/PP

PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body BEFORE a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
- Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, BEFORE a deduction may be approved.
- To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
- Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- The schedules established under IC 6-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17).

<b>SECTION 1</b>		<b>TAXPAYER INFORMATION</b>	
Name of taxpayer <b>Tri Aerospace, LLC</b>			
Address of taxpayer (number and street, city, state, and ZIP code) <b>1055 South Hunt Street, Terre Haute, TN 47803</b>			
Name of contact person <b>R. Laurence Cross</b>		Telephone number <b>(812) 872-2400</b>	
<b>SECTION 2</b>		<b>PROPERTY AND ASSessor INFORMATION</b>	
Name of designating body <b>Common Council of the City of Terre Haute, Indiana</b>		Resolution number (s) <b>29, 2012</b>	
Location of property <b>1055 South Hunt Street, Terre Haute, IN 47803</b>		County <b>Vigo</b>	
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. (use additional sheets if necessary) <b>A 5 axis milling machine used in the production of aircraft engines and engine parts.</b>		ESTIMATED START DATE    COMPLETION DATE <b>December 2012    June 2013</b>	
		Manufacturing Equipment	
		R & D Equipment	
		Logist Dist Equipment	
		IT Equipment	
<b>SECTION 3</b>		<b>ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT</b>	
Current number <b>33</b>	Salaries <b>\$61,130.00</b>	Number retained <b>33</b>	Salaries <b>\$61,130.00</b>
		Number additional <b>3</b>	Salaries <b>\$61,130.00</b>
<b>SECTION 4</b>		<b>ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT</b>	
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.	<b>MANUFACTURING EQUIPMENT</b>		<b>R &amp; D EQUIPMENT</b>
	<b>LOGIST DIST EQUIPMENT</b>		<b>IT EQUIPMENT</b>
	COST	ASSESSED VALUE	COST
Current values			
Plus estimated values of proposed project		<b>\$280,000</b>	
Less values of any property being replaced			
Net estimated values upon completion of project			
<b>SECTION 5</b>		<b>WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER</b>	
Estimated solid waste converted (pounds)		Estimated hazardous waste converted (pounds)	
Other benefits: <b>Employees receive retirement benefits of contribution to 401(k) and comprehensive health insurance, vision, dental, and long-term disability insurance.</b>			
<b>SECTION 6</b>		<b>TAXPAYER CERTIFICATION</b>	
I hereby certify that the representations in this statement are true.			
Signature of authorized representative <b>R. Laurence Cross</b>		Title <b>General Manager</b>	Date signed (month, day, year) <b>10/25/12</b>

R. Laurence Cross

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed 10 calendar years \* (see below). The date this designation expires is \_\_\_\_\_.

B. The type of deduction that is allowed in the designated area is limited to:

- |  |   |  |
|--|---|--|
| 1. Installation of new manufacturing equipment;            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 3. Installation of new logistical distribution equipment.  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 4. Installation of new information technology equipment;   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.

D. The amount of deduction applicable to new research and development equipment is limited to \$ N/A cost with an assessed value of \$ \_\_\_\_\_.

E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ N/A cost with an assessed value of \$ \_\_\_\_\_.

F. The amount of deduction applicable to new information technology equipment is limited to \$ N/A cost with an assessed value of \$ \_\_\_\_\_.

G. Other limitations or conditions (specify) \_\_\_\_\_

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction on or after July 1, 2000, is allowed for:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> 1 year     | <input type="checkbox"/> 6 years                | ** For ERA's established prior to July 1, 2000, <u>only</u> a 5 or 10 year schedule may be deducted. |
| <input type="checkbox"/> 2 years    | <input type="checkbox"/> 7 years                |  |
| <input type="checkbox"/> 3 years    | <input type="checkbox"/> 8 years                |  |
| <input type="checkbox"/> 4 years    | <input type="checkbox"/> 9 years                |  |
| <input type="checkbox"/> 5 years ** | <input checked="" type="checkbox"/> 10 years ** |  |

I. Did the designating body adopt an alternative deduction schedule per IC 6-1.1-12.1-17?  Yes  No  
If yes, attach a copy of the alternative deduction schedule to this form.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: (signature and title of authorized member)	Telephone number <u>(812) 232 3375</u>	Date signed (month, day, year) <u>12-13-2012</u>
Attested by: <u>Charles H. Hinkle</u>	Designated body <u>Terre Haute City Council</u>	

\* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-4.5