



**COMPLIANCE WITH STATEMENT OF BENEFITS  
REAL ESTATE IMPROVEMENTS**

State Form 51766 (R3 / 2-13)  
Prescribed by the Department of Local Government Finance

**CONFIDENTIAL**

20 20 PAY 20 21

FORM CF-1 / Real Property

**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).

**FILED**

**MAY 01 2020**

**INSTRUCTIONS:**

1. This form does not apply to property located in a residentially distressed area or any deduction for which the Statement of Benefits was approved before July 1, 1991.
2. Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).
3. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
4. This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.1(b))
5. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

**SECTION 1 TAXPAYER INFORMATION**

|  |  |
|--|--|
| Name of taxpayer<br><b>Welltower, Inc. previously Element Acquisition Sub. 4, LLC</b>                                | County<br><b>Vigo</b>                        |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>4500 Dorr Street, Toledo, OH 43615-4040</b> | DLGF taxing district number<br><b>84-002</b> |
| Name of contact person<br><b>Paulie Shively, Vice President - Tax Compliance</b>                                     | Telephone number<br><b>( 502 ) 213-7587</b>  |

**SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY**

|   |                                     |   |
|---|-------------------------------------|---|
| Name of designating body<br><b>Common Council of the City of Terre Haute</b>  | Resolution number<br><b>22-2012</b> | Estimated start date (month, day, year)<br><b>03/01/2013</b>      |
| Location of property<br><b>395 8th Avenue, Terre Haute, IN 47807</b>  |                                     | Actual start date (month, day, year)<br><b>03/01/2013</b>         |
| Description of real property improvements<br>Company plans to build new skilled nursing & short term rehab facility at the property site. See attached legal description. |                                     | Estimated completion date (month, day, year)<br><b>02/28/2014</b> |
|   |                                     | Actual completion date (month, day, year)<br><b>01/21/2015</b>    |

**SECTION 3 EMPLOYEES AND SALARIES**

|                                | AS ESTIMATED ON SB-1 | ACTUAL       |
|--------------------------------|----------------------|--------------|
| <b>EMPLOYEES AND SALARIES</b>  |                      |              |
| Current number of employees    | 0                    | 199          |
| Salaries                       |                      | 4,194,153.56 |
| Number of employees retained   | 0                    | 0            |
| Salaries                       |                      | 0.00         |
| Number of additional employees | up to 100            | 199          |
| Salaries                       | 3,370,000.00         | 4,194,153.56 |

**SECTION 4 COST AND VALUES**

| COST AND VALUES                             | REAL ESTATE IMPROVEMENTS |                |
|---|--------------------------|----------------|
| AS ESTIMATED ON SB-1                        | COST                     | ASSESSED VALUE |
| Values before project                       |                          |                |
| Plus: Values of proposed project            |                          | 9,520,000.00   |
| Less: Values of any property being replaced |                          |                |
| Net values upon completion of project       |                          | 9,520,000.00   |
| ACTUAL                                      | COST                     | ASSESSED VALUE |
| Values before project                       |                          |                |
| Plus: Values of proposed project            |                          | 6,190,700.00   |
| Less: Values of any property being replaced |                          |                |
| Net values upon completion of project       |                          | 6,190,700.00   |

**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:                     |                      |        |

**SECTION 6 TAXPAYER CERTIFICATION**

I hereby certify that the representations in this statement are true.

|   |                          |  |
|---|--------------------------|--|
| Signature of authorized representative<br><i>Mary L Shively</i> | Title<br><i>SUP- TAX</i> | Date signed (month, day, year)<br><i>4/28/2020</i> |
|---|--------------------------|--|

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1) THAT WAS APPROVED AFTER JUNE 30, 1991

INSTRUCTIONS: (IC 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

- 1. Not later than 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 (Form SB-1/Real Property).
2. 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. The date of this hearing may not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/Real Property) and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has NOT made reasonable efforts to comply, then the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. 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:

- [X] 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 [Signature] Date signed (month, day, year) 5-7-2020

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. (Hearing must be held within thirty (30) days of the date of mailing of this notice.)

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 4 above)

Reasons for the 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.

- INITIAL SB-1 -

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STATEMENT OF BENEFITS  
REAL ESTATE IMPROVEMENTS  
State Form 4787 (02/1-07)  
Prescribed by the Department of Local Government Planner

20 12 MAY 20 14  
FORM SB-1 / Real Property

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):  
 Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-6)  
 Historic vacant building (IC 6-1.1-12.1-4.8)

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 (MPO/CDC for redevelopment or rehabilitation of real property for which the person wishes to obtain a decision. "Whoever" placed or converted to after July 1, 2007, and areas designated after July 1, 2007, require a STATEMENT OF BENEFITS (IC 6-1.1-12.1-6).)
- Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to initiation of the redevelopment or rehabilitation. MPO/CDC or a decision may be approved.
- To obtain a decision, applicant must file STATEMENT OF BENEFITS, where applicable, must be filed with the County Auditor by the later of (1) May 31 or (2) sixty (60) days after the notice of addition to assessed valuation or new assessment is mailed to the property owner at the address shown on the records of the township assessor.
- Property owner whose Statement of Benefits was approved after June 30, 1991, must attach a Form CR-1000 Property annually to the application to their compliance with the Statement of Benefits (IC 6-1.1-12.1-8.1(a) and IC 6-1.1-12.1-8.2(b)).
- The schedule established under IC 6-1.1-12.1-4(a) for rehabilitated property and under IC 6-1.1-12.1-4.8(b) for vacant buildings apply to any statement of benefits approved on or after July 1, 2000. The schedule effective prior to July 1, 2000, shall continue to apply to a statement of benefits filed before July 1, 2000.

|   |        |   |   |   |                  |
|---|--------|---|---|---|------------------|
| Name of taxpayer<br><b>MB Terre Haute, LLC</b>  |        |   |   |   |                  |
| Address of taxpayer (include and street, city, state, and ZIP code)<br><b>100 W. Jackson St. - Orleans, IN 47034</b>  |        |   |   |   |                  |
| Name of applicant<br><b>Christopher J. Ludwig</b>   |        | Telephone number<br><b>(317) 420-0205</b> |   | E-mail address<br><b>CLudwig@mbterrehaute.com</b>                 |                  |
| Name of designating body<br><b>Common Council of the City of Terre Haute</b>  |        |   |   |   |                  |
| Location of property<br><b>1801 N. Third Street, Terre Haute, IN</b>  |        |   |   | County<br><b>Vigo</b>   |                  |
| Description of real property improvements, redevelopment, or rehabilitation (see instruction 4 if necessary)<br><b>Company plans to build new skilled nursing &amp; short term rehab facility at property site. See attached legal description.</b> |        |   |   | CLAP parcel identification number<br><b>84902</b>                 |                  |
|   |        |   |   | Estimated start date (month, day, year)<br><b>09/01/2013</b>      |                  |
|   |        |   |   | Estimated completion date (month, day, year)<br><b>02/28/2014</b> |                  |
| Current value   | Change | Number retained                           | Change  | Number additional   | Change           |
| 0.00  | \$0.00 | 0.00                                      | \$0.00  | up to 100   | Up to \$3.37 mil |
| MPO/CDC Pursuant to IC 6-1.1-12.1-6.3 (a) (ii) the GOVT of the property is certified:   |        |   | REAL ESTATE IMPROVEMENTS                      |   |                  |
| Current value   |        |   | GOVT  |   |                  |
| Plus estimated value of proposed project  |        |   | Assessed VALUE                                |   |                  |
| Less value of any property being replaced   |        |   | \$0   |   |                  |
| Net estimated value upon completion of project  |        |   | \$8,520,000                                   |   |                  |
| Estimated total value converted (percent)   |        |   | Estimated hazardous waste converted (percent) |   |                  |
| Other notes   |        |   |   |   |                  |
| I hereby certify that the representations in this statement are true.   |        |   |   |   |                  |
| Signature of authorized representative<br><b>Paul Eggholm</b>   |        |   |   | Date signed (month, day, year)<br><b>10/26/2012</b>               |                  |

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ECONOMIC REVITALIZATION AREA DESIGNATION

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, provides for the following restrictions:

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:

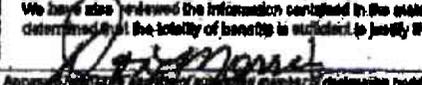
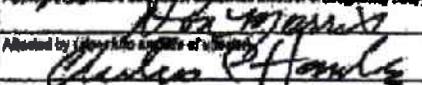
|   |   |  |
|---|---|--|
| 1. Redevelopment, or substitution of real estate improvements | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 2. Residentially distressed areas                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 3. Occupancy of a vacant building                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

C. The amount of the deduction applicable is limited to \$ N/A

D. Other limitations or conditions (specify) N/A

E. The deduction is allowed for 10 years\* (see below).

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

|   |   |   |
|---|---|---|
| Approved by (Signature of authorized member of designating body)<br> | Telephone number<br><u>812-232-3375</u>             | Date signed (month, day, year)<br><u>12-13-2012</u> |
| Allowed by (Signature of applicant)<br>                              | Designating body<br><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 6-1.12-12.1-4.

A. For residentially distressed areas, the deduction period may not exceed five (5) years.  
 B. For redevelopment and rehabilitation or real estate improvements:  
 1. If the Economic Revitalization Area was designated prior to July 1, 2000, the deduction period is limited to three (3), six (6), or ten (10) years.  
 2. If the Economic Revitalization Area was designated after June 30, 2000, the deduction period may not exceed ten (10) years.  
 C. For vacant buildings, the deduction period may not exceed two (2) years.