COMPLIANCE WITH STATEMENT OF BENEFITS FILED REAL ESTATE IMPROVEMENTS

State Form 51766 (R6 / 4-23)
Prescribed by the Department of Local Government Finance

MAY 21 2024

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FORM CF-1 / Real Property

#### **INSTRUCTIONS:**

- 1. Property owners must file this form with the county auditor and the designating body for his revenue the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).
- 2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
- 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 6-1.1-12.1-5.3(j))
- 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).

#### **PRIVACY NOTICE**

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.3 (k) and (l).

CONFIDENTIAL

SECTION 1	TAXPAYER II	NFORMATION			
Name of Taxpayer				County	
Fitesa Indiana LLC			Viç		
Address of Taxpayer (number and street, city, state, and ZIP code) 3400-A Fort Harrison Road, Terre Haute, Indiana 47804				DLGF Taxing District Number 84-002	
340U-A FOп Harrison Road, Terre Ha Name of Contact Person	iule, iliularia 4/004	Telephone Numb		-UUZ ail Address	
Kimberly Broadway		(864) 967-		kbroadway@fitesa.com	
SECTION 2	LOCATION AND DESC				
Name of Designating Body	ECCATION AND DECC	Resolution Numb		mated Start Date (month, day, year)	
Common Council of the City of Terre	7-2021 6/		6/1/2021		
ocation of Property				ual Start Date (month, day, year)	
3400-A Fort Harrison Road, Terre Ha	aute, Indiana 47804		6/1	/2021	
Description of Real Property Improvements				mated Completion Date ( <i>month, day, year</i> /30/2021	
See attached Form SB-1				ual Completion Date (month, day, year) nding 2023	
SECTION 3	EMPLOYEES A	AND SALARIES			
EMPLOYEES AND S	SALARIES	AS E	STIMATED ON SB-1	ACTUAL	
Current Number of Employees		113		244	
Salaries		7,756,471		11,414,751	
Number of Employees Retained		113		113	
Salaries		7,756,471		7,756,471	
Number of Additional Employees		26		131	
Salaries		1,086,467		3,658,280	
SECTION 4	COST AN	D VALUES			
COST AND VALUES			ATE IMPROVEMENTS		
AS ESTIMATED ON SB-1	COST		ASSESSED VALUE		
Values Before Project			\$ 2,913,700		
Plus: Values of Proposed Project	-		\$ 1,372,500		
Less: Values of Any Property Being Replaced	\$		\$		
Net Values Upon Completion of Project	¥		\$ 4,286,200		
ACTUAL	COST		ASSESSED VALUE		
Values Before Project	\$		\$		
Plus: Values of Proposed Project	\$		\$		
Less: Values of Any Property Being Replaced	\$		\$		
Net Values Upon Completion of Project SECTION 5 WASTI	S E CONVERTED AND OTHER BE	NEFITS PROMIS	SED BY THE TAXPAYER	سيستونين	
	D 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.				



#### OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.3 and IC 6-1.1-12.1-5.9)

- Not later than forty-five (45) days after receipt of this form, the designating body <u>may</u> determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
- 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, including 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.
- 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, 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:	
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)
Attested By Chelle Releases 7	erre Haute City Council
If the property owner is found not to be in substantial compliance, the property owner time has been set aside for the purpose of considering compliance. (Hearing must be	shall receive the opportunity for a hearing. The following date and
Time of Hearing AM Date of Hearing (month, day, year)	Location of Hearing
□ PM	
HEARING RESULTS (to be comple	ted after the hearing)
☐ Approved	Denied (see Instruction 4 above)
Reasons for the Determination (attach additional sheets if necessary)	
	-5,57
	The state of the s
	The second secon
Signature of Authorized Member	Data Signad (month day year)
Signature of Additionized Member	Date Signed (month, day, year)
Attested By Design	ating 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 Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is dete	



### STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51767 (R6 / 10-14)

Prescribed by the Department of Local Government Finance

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 6-1.1-12.1-4)
Residentially distressed area (IC 6-1.1-12.1-4.1)

30	DAV	20	
20	PAY	20	

FORM SB-1 / Real Property

#### PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

#### INSTRUCTIONS:

- 1. 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** the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the initiation of the redevelopment or rehabilitation for which the person desires to claim a deduction.
- 3. To obtain a deduction, a Form 322/RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation is made or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. A property owner who failed to file a deduction application within the prescribed deadline may file an application between March 1 and May 10 of a subsequent year.
- 4. A property owner who files for the deduction must provide the County Auditor and designating body with a Form CF-1/Real Property. The Form CF-1/Real Property should be attached to the Form 322/RE when the deduction is first claimed and then updated annually for each year the deduction is applicable. IC 6-1.1-12.1-5.1(b)
- 5. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/Real Property that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. IC 6-1 1-12 1-17

remains in effect.	IC 6-1.1-12.1-17					
SECTION 1	铁铁 (44) 在巴格兰教 安慰。	TAXPAYER	INFORMATION	WASHI, AI		AND LANGUAGE
Name of taxpayer						
Fitesa Indiana	LLC					
Address of taxpayer (nui	mber and street, city, state, and	ZIP code)				
3400-A Fort H	arrison Road, Terre	Haute, Indiana 47804				
Name of contact person			Telephone number		E-mail addre	ess
Hal Singley			((864)) 967-563	5		
SECTION 2	ALVU SITERATURE	LOCATION AND DESCRIPT	COLUMN TWO IS NOT THE OWNER.	THE RESERVE	CONTRACTOR OF THE PARTY OF THE	
Name of designating boo	dy				Resolution r	number
Common Cour	ncil of the City of Ter	rre Haute Indiana				
Location of property			County		DLGF taxing	g district number
3400-A Fort Ha	arrison Road, Terre	Haute, Indiana 47804	Vigo		84-002	
		ent, or rehabilitation (use additiona	I sheets if necessary)		Estimated st	tart date (month, day, year)
See attached					June 1, 2021	
						ompletion date (month, day, year)
					Nov. 30	0, 2021
SECTION 3	ESTIMATE	OF EMPLOYEES AND SALA	RIES AS RESULT OF	PROPOSED P	ROJECT	
Current number	Salaries	Number retained	Salaries	Number a		Salaries
113	7756471	113	7756471	26		1086467
SECTION 4		ESTIMATED TOTAL COST AN		SED PROJECT	TANK LAND	SEE THE PERSON
				REAL ESTATE		IENTS
			COST		_	ASSESSED VALUE
Current values						2913700.00
	lues of proposed project					1372500.00
	property being replaced					0
	ues upon completion of pro	iect				4286200
SECTION 5		TE CONVERTED AND OTHE	R BENEFITS PROMISE	ED BY THE TAX	(PAYER	
Estimated solid wa	aste converted (pounds) _		Estimated hazardous waste converted (pounds)			
Other benefits						
SECTION 6		TAXPAYER C	ERTIFICATION			
Ligreby certify	that the representations	in this statement are true.				
Signative of authorized					Date signe	d (month, day, year)
(/XX					04/1	14/2021
Printed name of author	ized representative		Title	_ / ~ .	-1	11 ====
1100	raleu		CF	O/DIK	ector	

			FOR USE OF TH	E DESIGNATING BO	DY	
	nd that the applicant meets the IC 6-1.1-12.1, provides for the			dopted or to be adopt	ted by this body. Sa	id resolution, passed or to be passed
Α.	The designated area has be expires is			ceed	calendar years* (see	below). The date this designation
В.	The type of deduction that is 1. Redevelopment or rehabit 2. Residentially distressed a	litation of real esta		ted to:		
C	The amount of the deduction	n applicable is lim	ited to \$			
D.	Other limitations or condition	ns (specify)				
Ε.	Number of years allowed:	Year 1 Year 6	☐ Year 2 ☐ Year 7	☐ Year 3 ☐ Year 8	Year 4 Year 9	☐ Year 5 (* see below) ☑ Year 10
	For a statement of benefits and Yes No If yes, attach a copy of the all fine, the designating body if	batement schedu s required to esta	le to this form. blish an abatement s	chedule before the de	eduction can be dete	
deter	mined that the totality of bene	fits is sufficient to	justify the deduction			
Approved	d (signature and title of authorized	member of designa	ting body)	Telephone number		Date signed (month, day, year)
Printed n	ame of authorized member of des	signating body		Name of designating	ng body	
Attested	by (signature and title of attester)			Printed name of at	tester	
	e designating body limits the yer is entitled to receive a de				•	on does not limit the length of time a nder IC 6-1.1-12.1-17.
	6-1.1-12.1-4.1 remain in effi 2013, the designating body (10) years. (See IC 6-1.1-1 For the redevelopment or re	ect. The deduction is required to esta 2.1-17 below.) shabilitation of rea esignating body r	n period may not exc ablish an abatement if property where the emains in effect. For	eed five (5) years. For schedule for each de Form SB-1/Real Prop a Form SB-1/Real Prop	or a Form SB-1/Real duction allowed. The perty was approved roperty that is approved	the deductions established in IC I Property that is approved after June 30, e deduction period may not exceed ten prior to July 1, 2013, the abatement yed after June 30, 2013, the designating low.)
IC 6-	1.1-12.1-17					
Sec.	on 4 or 4.5 of this chapter an (1) The total (2) The numb	abatement sched amount of the tax er of new full-time	ule based on the folk payer's investment in e equivalent jobs cre	owing factors; real and personal prated.	operty.	a and that receives a deduction under
	(4) The infras (b) This subsection appl for each deduction a the deduction. An ab	tructure requirement es to a statement lowed under this latement schedule lule approved for	ents for the taxpayer of benefits approved chapter. An abateme e may not exceed ter a particular taxpayer	d after June 30, 2013, ent schedule must spen (10) years. before July 1, 2013,	A designating body acify the percentage	r shall establish an abatement schedule amount of the deduction for each year of il the abatement schedule expires under

## Exhibit A Real Property Tax Abatement Fitesa, Indiana, LLC

Real estate description 3400 E. Fort Harrison Rd., Terre Haute, IN 47804 Parcel Number 84-06-01-300-006.000-002 S-1/2 SW ALL E OF RR EX 2.50A & EX 6A (3400 E FT HARRISON RD) D-445/8160 1 -12-9 57.140 AC

#### **Project Description:**

Ceiling modification and reinforcement, slab concrete flooring pour, relocation of office and laboratory office spaces. Quality Control lab established.

# Exhibit B Real Property Tax Abatement Fitesa Indiana, LLC Abatement Schedule

YEAR OF DEDUCTION	ABATEMENT PERCENTAGE
1st	100%
2nd	95%
3 <sup>rd</sup>	80%
4th	65%
5th	50%
6th	40%
7th	30%
8th	20%
9th	10%
10th	5%