

**COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

FILED

MAY 21 2024

PRIVACY NOTICEThis form contains confidential
information pursuant to
IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.**FORM CF-1 / PP****20 24 Pay 20 25****CONFIDENTIAL**

- 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-EPA before the 50% reduction from Assessed Value between January 1 and May 15, unless a filing extension under IC 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 form (CF-1).

SECTION 1**TAXPAYER INFORMATION**

| | | |
|--|--|--|
| Name of Taxpayer Fitesa Indiana LLC | County Vigo | |
| 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 | |
| Name of Contact Person Kimberly Broadway | Telephone Number (864) 967-6009 | Email Address kbroadway@fitesa.com |

SECTION 2**LOCATION AND DESCRIPTION OF PROPERTY**

| | | |
|---|---|--|
| Name of Designating Body Common Council of the City of Terre Haute, IN | Resolution Number 8-2021 | Estimated State Date (month, day, year) 06/01/2021 |
| Location of Property 3400-A Fort Harrison Road, Terre Haute, Indiana 47804 | Actual Start Date (month, day, year) 06/01/2021 | |
| Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired. See attached Form SB-1 | Estimated Completion Date (month, day, year) 11/30/2021 | |
| | Actual Completion Date (month, day, year) Pending 2024 | |

SECTION 3**EMPLOYEES AND SALARIES**

| EMPLOYEES AND SALARIES | AS ESTIMATED 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 AND VALUES**

| | MANUFACTURING EQUIPMENT | | RESEARCH & DEVELOPMENT EQUIPMENT | | LOGISTICAL DISTRIBUTION EQUIPMENT | | IT EQUIPMENT | |
|---|-------------------------|----------------|----------------------------------|----------------|-----------------------------------|----------------|--------------|----------------|
| AS ESTIMATED ON SB-1 | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE |
| Values Before Project | | \$ 21,830,177 | \$ | \$ | \$ | \$ | \$ | \$ |
| Plus: Values of Proposed Project | | \$ 5,369,910 | \$ | \$ | \$ | \$ | \$ | \$ |
| Less: Values of Any Property Being Replaced | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Net Values Upon Completion of Project | | \$ 27,200,057 | \$ | \$ | \$ | \$ | \$ | \$ |
| ACTUAL | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE |
| Values Before Project | | \$ 23,705,198 | \$ | \$ | \$ | \$ | \$ | \$ |
| Plus: Values of Proposed Project | | \$ 7,559,218 | \$ | \$ | \$ | \$ | \$ | \$ |
| Less: Values of Any Property Being Replaced | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Net Values Upon Completion of Project | | \$ 31,264,416 | \$ | \$ | \$ | \$ | \$ | \$ |

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: | | |

SECTION 6**TAXPAYER CERTIFICATION**

| | | |
|---|----------------------------------|--|
| I hereby certify that the representations in this statement are true. | | |
| Signature of Authorized Representative <i>Jim Hutchinson</i> | Title Authorized Agent | Date Signed (month, day, year) 4/19/2024 |

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

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

1. 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.
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, including 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.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a 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.
4. If the designating body determines that the property owner has **NOT** made a reasonable effort to comply, 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)

Attested By

Designating Body

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

Date of Hearing (month, day, year)

Location of Hearing

☐

PM

HEARING RESULTS (to be completed after the hearing)

☐ Approved

☐ Denied (see Instruction 5 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 clerk 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 (R4 / 11-15)

Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

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** 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.
2. The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.
3. 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 January 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 January 1 and the extended due date of that year.
4. Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
5. For a Form SB-1/PP 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/PP 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)

| SECTION 1 TAXPAYER INFORMATION | | | | | | | | |
|---|--|------------------------|--|--|---------------------------------------|----------------|--------------|----------------|
| Name of taxpayer Fitesa Indiana LLC | | | Name of contact person Hal Singley | | | | | |
| Address of taxpayer (number and street, city, state, and ZIP code) 3400-A Fort Harrison Road, Terre Haute, Indiana 47804 | | | | Telephone number (864) 967-5635 | | | | |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT | | | | | | | | |
| Name of designating body Common Council of the City of Terre Haute Indiana | | | Resolution number (s) | | | | | |
| Location of property 3400-A Fort Harrison Road, Terre Haute, Indiana 47804 | | | County Vigo | | DLGF taxing district number 84-002 | | | |
| 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.) See attached | | | ESTIMATED | | | | | |
| | | | START DATE | | COMPLETION DATE | | | |
| | | | Manufacturing Equipment | | 06/01/2021 11/30/2021 | | | |
| | | | R & D Equipment | | | | | |
| | | | Logist Dist Equipment | | | | | |
| IT Equipment | | | | | | | | |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT | | | | | | | | |
| Current number 113 | Salaries \$7,756,471.00 | Number retained 113 | Salaries \$7,756,471.00 | Number additional 26 | Salaries \$1,086,467.00 | | | |
| SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT | | | | | | | | |
| NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential. | MANUFACTURING EQUIPMENT | | R & D EQUIPMENT | | LOGIST DIST EQUIPMENT | | IT EQUIPMENT | |
| | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE |
| | Current values | 21830177 | | | | | | |
| | Plus estimated values of proposed project | 5369910 | | | | | | |
| | Less values of any property being replaced | | | | | | | |
| Net estimated values upon completion of project | 27200087 | | | | | | | |
| SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER | | | | | | | | |
| Estimated solid waste converted (pounds) | | | Estimated hazardous waste converted (pounds) | | | | | |
| Other benefits: | | | | | | | | |
| SECTION 6 TAXPAYER CERTIFICATION | | | | | | | | |
| I hereby certify that the representations in this statement are true. | | | | | | | | |
| Signature of authorized representative | | | | Date signed (month, day, year) 04/14/2021 | | | | |
| Printed name of authorized representative Hal Singley | | | | Title CFO/Director | | | | |

FOR USE OF THE DESIGNATING BODY

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 _____ calendar years * (see below). The date this designation expires is _____. *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*

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

- | | | |
|--|---|---|
| 1. Installation of new manufacturing equipment; | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 Check box if an enhanced abatement was approved for one or more of these types. |
| 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 \$ _____. (One or both lines may be filled out to establish a limit, if desired.)

D. The amount of deduction applicable to new research and development equipment is limited to \$ _____ cost with an assessed value of \$ _____. (One or both lines may be filled out to establish a limit, if desired.)

E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ _____ cost with an assessed value of \$ _____. (One or both lines may be filled out to establish a limit, if desired.)

F. The amount of deduction applicable to new information technology equipment is limited to \$ _____ cost with an assessed value of \$ _____. (One or both lines may be filled out to establish a limit, if desired.)

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 is allowed for:

- | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--|
| <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 3 | <input type="checkbox"/> Year 4 | <input type="checkbox"/> Year 5 | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 Number of years approved: _____ (Enter one to twenty (1-20) years; may not exceed twenty (20) years.) |
| <input type="checkbox"/> Year 6 | <input type="checkbox"/> Year 7 | <input type="checkbox"/> Year 8 | <input type="checkbox"/> Year 9 | <input checked="" type="checkbox"/> Year 10 | |

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? ☐ Yes ☐ No
If yes, attach a copy of the abatement schedule to this form.
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

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 by: (signature and title of authorized member of designating body) | Telephone number () | Date signed (month, day, year) |
| Printed name of authorized member of designating body | Name of designating body | |
| Attested by: (signature and title of attester) | Printed name of attester | |

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17

Abatement schedules

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
- (2) The number of new full-time equivalent jobs created.
- (3) The average wage of the new employees compared to the state minimum wage.
- (4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.