

**MINUTES OF THE PROCEEDINGS  
OF THE  
COMMON COUNCIL**

**CITY OF TERRE HAUTE, INDIANA**

**SPECIAL SESSION, THURSDAY, JUNE 5, 2025**

**The City Council met in Special Session Thursday, June 5, 2025 at 5:30 P.M. in the City Hall Courtroom with Mr. Nation presiding and Michelle L. Edwards in the City Clerk's desk.**

**Calling the meeting to order**

**Calling Of the Roll**

PRESENT: George Azar, Tammy Boland, James Chalos, Anthony Dinkel, Kandace Hinton, Cheryl Loudermilk, Todd Nation, Amanda Thompson

ABSENT: Curtis DeBaun IV

**Review of recently filed Compliance of Benefits Forms (CF-1 Forms) concerning tax abatement compliancy**

**Review of Ampacet CF-1 Form for Resolution 5, 2017**

Review of Ampacet Compliance of Benefits Form for Resolution 5, 2017 was read by digest. Motion was made by Councilperson Loudermilk and seconded by Councilperson Chalos to find Ampacet In Substantial Compliance. Motion carried.

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# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

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

**CONFIDENTIAL**  
FORM CF-1 / PP

20 25 Pay 20 26

- 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, 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<br><b>Ampacet Corporation</b>  |  |                         |                |                                  | MAY 12 2025                               |                                   | County<br><b>Vigo</b>   |              |                |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br><b>3701 N. Fruitridge Ave., Terre Haute, IN 47804</b>   |  |                         |                |                                  | CITY CLERK                                |                                   | DLOF Taxing District Number<br><b>84002</b>                       |              |                |
| Name of Contact Person<br><b>Susan Cunningham</b>   |  |                         |                |                                  | Telephone Number<br><b>(914) 333-1625</b> |                                   | Email Address<br><b>susan.cunningham@ampacet.com</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>5, 2017</b>       |                                   | Estimated State Date (month, day, year)<br><b>08/01/2017</b>      |              |                |
| Location of Property<br><b>3701 N. Fruitridge Ave., Terre Haute, IN 47805</b>   |  |                         |                |                                  |   |                                   | Actual Start Date (month, day, year)<br><b>02/28/2017</b>         |              |                |
| Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.<br><b>NEW ADDITIVES PRODUCTION LINE (LEISTRITZ 50MM TWIN SCREW EXTRUDER, GALA PELLETIZER AND DRYER) TOTALING \$3,800,000</b> |  |                         |                |                                  |   |                                   | Estimated Completion Date (month, day, year)<br><b>12/01/2017</b> |              |                |
|   |  |                         |                |                                  |   |                                   | Actual Completion Date (month, day, year)<br><b>12/01/2018</b>    |              |                |
| SECTION 3 EMPLOYEES AND SALARIES  |  |                         |                |                                  |   |                                   |   |              |                |
| EMPLOYEES AND SALARIES  |  |                         |                | AS ESTIMATED ON SB-1             |   |                                   | ACTUAL  |              |                |
| Current Number of Employees   |  |                         |                | 181                              |   |                                   | 165   |              |                |
| Salaries  |  |                         |                | 10,737,000                       |   |                                   | 13,021,261  |              |                |
| Number of Employees Retained  |  |                         |                | 181                              |   |                                   | 165   |              |                |
| Salaries  |  |                         |                | 10,737,000                       |   |                                   | 13,021,261  |              |                |
| Number of Additional Employees  |  |                         |                | 6                                |   |                                   |   |              |                |
| Salaries  |  |                         |                | 300,000                          |   |                                   | 2,284,261   |              |                |
| 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   |  |                         | \$ 4,615,000   | \$                               | \$  | \$                                | \$  | \$           | \$             |
| Plus: Values of Proposed Project  |  |                         | \$ 1,520,000   | \$                               | \$  | \$                                | \$  | \$           | \$             |
| Less: Values of Any Property Being Replaced   |  |                         | \$             | \$                               | \$  | \$                                | \$  | \$           | \$             |
| Net Values Upon Completion of Project   |  |                         | \$ 6,135,000   | \$                               | \$  | \$                                | \$  | \$           | \$             |
| ACTUAL  |  | COST                    | ASSESSED VALUE | COST                             | ASSESSED VALUE                            | COST                              | ASSESSED VALUE  | COST         | ASSESSED VALUE |
| Values Before Project   |  |                         | \$ 4,442,949   | \$                               | \$  | \$                                | \$  | \$           | \$             |
| Plus: Values of Proposed Project  |  |                         | \$ 1,008,222   | \$                               | \$  | \$                                | \$  | \$           | \$             |
| Less: Values of Any Property Being Replaced   |  |                         | \$             | \$                               | \$  | \$                                | \$  | \$           | \$             |
| Net Values Upon Completion of Project   |  |                         | \$ 5,451,171   | \$                               | \$  | \$                                | \$  | \$           | \$             |
| <b>NOTE:</b> 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  |  |                         |                |                                  | Title<br><b>Treasurer</b>                 |                                   | Date Signed (month, day, year)<br><b>5/8/21</b>                   |              |                |

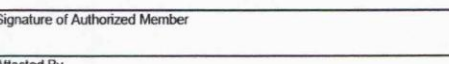
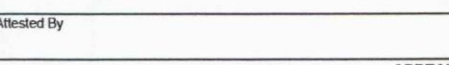
CONFIDENTIAL

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:  |  |                                    |                     |
| <input checked="" type="checkbox"/>   | The property owner <b>IS</b> in substantial compliance     |                                    |                     |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |                                    |                     |
| <input type="checkbox"/>  | Other (specify) _____                                      |                                    |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |                                    |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)     |                     |
|   |  | 6-5-2025                           |                     |
| Attested By   |  | 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year) | Location of Hearing |

|   |  |   |  |
|---|--|---|--|
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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  |  |
|    |  |   |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |   |  |
| 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. |  |   |  |





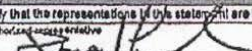
FORM 8B-1 / PP

## 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 8-1.1-12.1-5.1.

### 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 benefit to form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying tangible 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 for Form 68-1PP and the taxable year of the ownership when the property was properly first placed in service. There is no deduction allowance for the lossyear. The 68-1PPA must be filed between January 1 and March 16 of the assessment year in which the 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 Benefit was approved, must submit Form 68-1PP annually to show compliance with the Statement of Benefit. (01 6-1-1,12-1-5,6)
5. For a Form 68-1PP that is approved after June 30, 2013, the designating body is required to establish an statement schedule for each deduction allowed. For a Form 68-1PP that is approved prior to July 1, 2013, the statement schedule approved by the designating body remains in effect. (01 6-1-1,12-1-17)

|   |  |   |                |      |                |      |                |
|---|--|---|----------------|------|----------------|------|----------------|
| <b>SECTION 1 TAXPAYER INFORMATION</b>   |  |   |                |      |                |      |                |
| Name of taxpayer<br><b>Ampacort Corporation</b>   | Name of contact person<br><b>James A. Lansch, Esq.</b>         |   |                |      |                |      |                |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>660 White Plains Road, Tarrytown, NY 10591</b>   | Telephone number<br>( 914 ) 631-6600                           |   |                |      |                |      |                |
| <b>SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT</b>   |  |   |                |      |                |      |                |
| Name of designating body<br><b>Terre Haute City Council</b>   | Resolution number (if)   |   |                |      |                |      |                |
| Location of property<br><b>3701 North Franklin Avenue, Terre Haute, IN 47604</b>  | County<br><b>Vigo</b>  |   |                |      |                |      |                |
| Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment.<br><i>(Use additional sheets if necessary.)</i><br><br>Considering adding a new additives production line (Leistritz 50MM twin screw extruder, Gela pelletizer and dryer) totaling \$3,800,000. This is expected to create up to six new jobs. | <b>ESTIMATED</b>   |   |                |      |                |      |                |
|   | <b>START DATE      COMPLETION DATE</b>                         |   |                |      |                |      |                |
|   | <b>Manufacturing Equipment      08/01/2017      12/01/2017</b> |   |                |      |                |      |                |
|   | <b>R &amp; D Equipment</b>                                     |   |                |      |                |      |                |
|   | <b>Logist Dist Equipment</b>                                   |   |                |      |                |      |                |
| <b>IT Equipment</b>   |  |   |                |      |                |      |                |
| <b>SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT</b>   |  |   |                |      |                |      |                |
| Current number<br><b>181</b>  | Salaries<br><b>10,737,000</b>                                  |   |                |      |                |      |                |
| Number retained<br><b>181</b>   | Salaries<br><b>10,737,000</b>                                  |   |                |      |                |      |                |
| Number additional<br><b>8</b>   | Salaries<br><b>300,000</b>                                     |   |                |      |                |      |                |
| <b>SECTION 4 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>  |   |                |      |                |      |                |
|   | <b>ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT</b>      |   |                |      |                |      |                |
| COST  | ASSESSED VALUE   | COST  | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE |
| Current values  | <b>4,616,000</b>   |   |                |      |                |      |                |
| Plus estimated values of proposed project   | <b>1,620,000</b>   |   |                |      |                |      |                |
| Less values of any property being replaced  |  |   |                |      |                |      |                |
| Net estimated values upon completion of project   | <b>6,156,000</b>   |   |                |      |                |      |                |
| <b>SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROVIDED BY THE TAXPAYER</b>  |  |   |                |      |                |      |                |
| Estimated solid waste converted (pounds)  |  | Estimated hazardous waste converted (pounds)        |                |      |                |      |                |
| Other benefits:<br>WMD maintain Ampacort's position in the community as an important employer and allow Ampacort to remain competitive and maintain these manufacturing positions well into the future.   |  |   |                |      |                |      |                |
| <b>SECTION 6 TAXPAYER CERTIFICATION</b>   |  |   |                |      |                |      |                |
| I hereby certify that the representations in this statement are true.   |  |   |                |      |                |      |                |
| Signature of authorized taxpayer representative<br>  |  | Date signed (month, day, year)<br><b>02/23/2017</b> |                |      |                |      |                |
| Printed name of authorized representative<br><b>James A. Lansch, Esq.</b>   |  | Title<br><b>Director of Tax and Legal Affairs</b>   |                |      |                |      |                |



# CONFIDENTIAL

## 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 type="checkbox"/> No | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-16 |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes <input type="checkbox"/> No | Check box if an enhanced abatement was                           |
| 3. Installation of new logistical distribution equipment;  | <input type="checkbox"/> Yes <input type="checkbox"/> No | approved for one or more of these types.                         |
| 4. Installation of new information technology equipment;   | <input type="checkbox"/> Yes <input 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 6-1.1-12.1-16      |
| <input type="checkbox"/> Year 6 | <input type="checkbox"/> Year 7 | <input type="checkbox"/> Year 8 | <input type="checkbox"/> Year 9 | <input type="checkbox"/> Year 10 | Number of years approved: _____                                       |
|                                 |                                 |                                 |                                 |                                  | (Enter one to twenty (1-20) years; may not exceed twenty (20) years.) |

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<br>( )  | 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.

**Review of Ampacet CF-1 Form for Resolution 9, 2023**

Review of Ampacet Compliance of Benefits Form for Resolution 9, 2023 was read by digest. Motion was made by Councilperson Hinton and seconded by Councilperson Dinkel to find Ampacet In Substantial Compliance. Motion carried.

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# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51785 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

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

**CONFIDENTIAL**

**FORM CF-1 / PP**

**20 25 Pay 20 26**

- 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, 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<br><b>Ampacet Corporation</b>  |  | MAY 12 2025<br><b>CITY CLERK</b> |                |   |                | County<br><b>Vigo</b>   |                |              |                |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br><b>3701 N. Fruitridge Ave., Terre Haute, IN 47804</b>   |  |                                  |                |   |                | DLGF Taxing District Number<br><b>84002</b>                       |                |              |                |
| Name of Contact Person<br><b>Susan Cunningham</b>   |  |                                  |                | Telephone Number<br><b>(914) 333-1625</b> |                | Email Address<br><b>susan.cunningham@ampacet.com</b>              |                |              |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |  |                                  |                |   |                |   |                |              |                |
| Name of Designating Body<br><b>Terra Haute City Council</b>   |  |                                  |                | Resolution Number<br><b>9, 2023</b>       |                | Estimated State Date (month, day, year)<br><b>11/15/2023</b>      |                |              |                |
| Location of Property<br><b>3701 N. Fruitridge Ave., Terre Haute, IN 47805</b>   |  |                                  |                |   |                | Actual Start Date (month, day, year)<br><b>11/15/2023</b>         |                |              |                |
| Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.<br>Relocate 2 production lines (White and Black) totaling \$4,743,000. These 2 installations are expected to create 12 new jobs. Install new White production line totaling \$30,000,000. Replacing an older line. Will retain the 17 employees working on the current line. |  |                                  |                |   |                | Estimated Completion Date (month, day, year)<br><b>12/31/2024</b> |                |              |                |
|   |  |                                  |                |   |                | Actual Completion Date (month, day, year)<br><b>TBD</b>           |                |              |                |
| SECTION 3 EMPLOYEES AND SALARIES  |  |                                  |                |   |                |   |                |              |                |
| EMPLOYEES AND SALARIES  |  |                                  |                | AS ESTIMATED ON SB-1                      |                | ACTUAL  |                |              |                |
| Current Number of Employees   |  |                                  |                | <b>165</b>                                |                | <b>165</b>  |                |              |                |
| Salaries  |  |                                  |                | <b>11,835,727</b>                         |                | <b>13,021,261</b>   |                |              |                |
| Number of Employees Retained  |  |                                  |                | <b>165</b>                                |                | <b>165</b>  |                |              |                |
| Salaries  |  |                                  |                | <b>11,835,727</b>                         |                | <b>13,021,261</b>   |                |              |                |
| Number of Additional Employees  |  |                                  |                | <b>12</b>                                 |                |   |                |              |                |
| Salaries  |  |                                  |                | <b>744,000</b>                            |                | <b>1,185,534</b>  |                |              |                |
| 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   |  |                                  | \$ 5,550,496   | \$  | \$             | \$  | \$             | \$           | \$             |
| Plus: Values of Proposed Project  |  |                                  | \$ 13,897,200  | \$  | \$             | \$  | \$             | \$           | \$             |
| Less: Values of Any Property Being Replaced   |  |                                  | \$ (846,658)   | \$  | \$             | \$  | \$             | \$           | \$             |
| Net Values Upon Completion of Project   |  |                                  | \$ 18,601,038  | \$  | \$             | \$  | \$             | \$           | \$             |
| ACTUAL  |  | COST                             | ASSESSED VALUE | COST                                      | ASSESSED VALUE | COST  | ASSESSED VALUE | COST         | ASSESSED VALUE |
| Values Before Project   |  |                                  | \$ 5,550,496   | \$  | \$             | \$  | \$             | \$           | \$             |
| Plus: Values of Proposed Project  |  |                                  | \$ 405,646     | \$  | \$             | \$  | \$             | \$           | \$             |
| Less: Values of Any Property Being Replaced   |  |                                  | \$             | \$  | \$             | \$  | \$             | \$           | \$             |
| Net Values Upon Completion of Project   |  |                                  | \$ 5,956,142   | \$  | \$             | \$  | \$             | \$           | \$             |
| <b>NOTE:</b> 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<br>  |  |                                  |                | Title<br><b>Treasurer</b>                 |                | Date Signed (month, day, year)<br><b>5/8/25</b>                   |                |              |                |



CONFIDENTIAL

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:  |  |                                    |                     |
| <input checked="checked" type="checkbox"/>  | The property owner <b>IS</b> in substantial compliance     |                                    |                     |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |                                    |                     |
| <input type="checkbox"/>  | Other (specify) _____                                      |                                    |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |                                    |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)     |                     |
|   |  | 6-5-2025                           |                     |
| Attested By   |  | Designating Body                   |                     |
| Michelle L. Edwards   |  | 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year) | Location of Hearing |

|   |  |   |  |
|---|--|---|--|
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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  |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |   |  |
| 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 (R5 / 1-21)

Prescribed by the Department of Local Government Finance

# CONFIDENTIAL

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:

- 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.
- 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.
- 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.
- 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)
- 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<br><b>Ampacet Corporation</b>   | Name of contact person<br><b>James A. Lansch, Esq.</b> |   |  |                                |  |                       |                |   |                |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>660 White Plains Road, Tarrytown, NY 10591</b>  |  | Telephone number<br><b>( 914 ) 631-6600</b> |  |                                |  |                       |                |   |                |
| SECTION 2  |  |   |  |                                |  |                       |                |   |                |
| LOCATION AND DESCRIPTION OF PROPOSED PROJECT   |  |   |  |                                |  |                       |                |   |                |
| Name of designating body<br><b>Terre Haute City Council</b>  |  | Resolution number (s)<br><b>9</b>           |  |                                |  |                       |                |   |                |
| Location of property<br><b>3701 North Fruitridge Avenue, Terre Haute, IN 47804</b>   |  | County<br><b>VIGO</b>                       | DLGF taxing district number<br><b>84</b> |                                |  |                       |                |   |                |
| Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment.<br>(Use additional sheets if necessary.)<br><br><b>Relocate 2 production lines (White and Black) totaling \$4,743,000. These 2 installations are expected to create 12 new jobs<br/>Install new White production line totaling \$30,000,000. Replacing an older line. Will retain the 17 employees working on the current line.</b> |  | ESTIMATED                                   |  |                                |  |                       |                |   |                |
|  |  | START DATE                                  | COMPLETION DATE                          |                                |  |                       |                |   |                |
|  |  | Manufacturing Equipment                     | <b>11/15/2023</b>                        | <b>12/31/2024</b>              |  |                       |                |   |                |
|  |  | R & D Equipment                             |  |                                |  |                       |                |   |                |
|  |  | Logist Dist Equipment                       |  |                                |  |                       |                |   |                |
|  |  | IT Equipment                                |  |                                |  |                       |                |   |                |
| SECTION 3  |  |   |  |                                |  |                       |                |   |                |
| ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT   |  |   |  |                                |  |                       |                |   |                |
| Current Number<br><b>165</b>   | Salaries<br><b>11,835,727</b>                          | Number Retained<br><b>165</b>               | Salaries<br><b>11,835,727</b>            | Number Additional<br><b>12</b> | Salaries<br><b>744,000</b>                         |                       |                |   |                |
| 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   |  |   | <b>5,550,496</b>                         |                                |  |                       |                |   |                |
| Plus estimated values of proposed project  |  |   | <b>13,897,200</b>                        |                                |  |                       |                |   |                |
| Less values of any property being replaced   |  |   | <b>(846,658)</b>                         |                                |  |                       |                |   |                |
| Net estimated values upon completion of project  |  |   | <b>18,601,038</b>                        |                                |  |                       |                |   |                |
| SECTION 5  |  |   |  |                                |  |                       |                |   |                |
| WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER  |  |   |  |                                |  |                       |                |   |                |
| Estimated solid waste converted (pounds) _____   |  |   |  |                                | Estimated hazardous waste converted (pounds) _____ |                       |                |   |                |
| Other benefits:<br>Will maintain Ampacet's position in the community as an important employer and allow Ampacet to remain competitive and maintain these manufacturing positions well into the future.   |  |   |  |                                |  |                       |                |   |                |
| SECTION 6  |  |   |  |                                |  |                       |                |   |                |
| TAXPAYER CERTIFICATION   |  |   |  |                                |  |                       |                |   |                |
| I hereby certify that the representations in this statement are true.  |  |   |  |                                |  |                       |                | Date signed (month, day, year)<br><b>08/25/2023</b> |                |
| Signature of authorized representative<br>   |  |   |  |                                | Title<br><b>Director of Tax and Legal Affairs</b>  |                       |                |   |                |
| Printed name of authorized representative<br><b>James A. Lansch, Esq.</b>  |  |   |  |                                |  |                       |                |   |                |



CONFIDENTIAL

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 10 calendar years \* (see below). The date this designation expires is NA. 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;
2. Installation of new research and development equipment;
3. Installation of new logistical distribution equipment;
4. Installation of new information technology equipment;

☒ Yes ☐ No  
☐ Yes ☒ No  
☐ Yes ☒ No  
☐ Yes ☒ No

☐ 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.

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

G. Other limitations or conditions (specify) NA

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:

- ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☒ Year 10

☐ Enhanced Abatement per IC 6-1.1-12.1-18  
 Number of years approved: NA  
 (Enter one to twenty (1-20) years; may not exceed twenty (20) years.)

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)<br><u>Curtis DeBryn IV</u> | Telephone number<br><u>812-244-2103</u>                     | Date signed (month, day, year)<br><u>10-5-2023</u> |
| Printed name of authorized member of designating body<br><u>Curtis DeBryn IV</u>                       | Name of designating body<br><u>Terre Haute City Council</u> |  |
| Attested by: (signature and title of attester)<br><u>Michelle L Edwards</u>                            | Printed name of attester<br><u>Michelle L Edwards</u>       |  |

\* 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. Except as provided in IC 6-1.1-12.1-18, 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.



**Review of Ampacet CF-1 Form for Resolution 10, 2023**

Review of Ampacet Compliance of Benefits Form for Resolution 10, 2023 was read by digest. Motion was made by Councilperson Dinkel and seconded by Councilperson Loudermilk to find Ampacet In Substantial Compliance. Motion carried.

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

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

**FILED****MAY 12 2025****CITY CLERK****CONFIDENTIAL**

20 25 PAY 20 26

FORM CF-1 / Real Property

**INSTRUCTIONS:**

1. 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).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. 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))
4. 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).

| SECTION 1 TAXPAYER INFORMATION  |                                     |  |
|---|-------------------------------------|--|
| Name of Taxpayer<br>Ampacet Corporation   |                                     | County<br>Vigo   |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br>660 White Plains Road, Tarrytown, NY 10591  |                                     | DLGF Taxing District Number<br>84                          |
| Name of Contact Person<br>Susan Cunningham  | Telephone Number<br>(914 ) 333-1625 | Email Address<br>susan.cunningham@ampacet.com              |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |                                     |  |
| Name of Designating Body<br>Terre Haute City Council  | Resolution Number<br>10             | Estimated Start Date (month, day, year)<br>04/1/2024       |
| Location of Property<br>3701 North Fruitridge Avenue, Terre Haute, IN 47804   |                                     | Actual Start Date (month, day, year)                       |
| Description of Real Property Improvements<br>Construction of new warehouse and additional silos. Also railcar expansion. Warehouse \$2 million; Silos \$2 million; Railcar \$1 million. Total \$5 million additions. In conjunction with the personal property additions \$34,743,000. 12 New jobs will be created. |                                     | Estimated Completion Date (month, day, year)<br>12/31/2024 |
| Actual Completion Date (month, day, year)   |                                     |  |
| SECTION 3 EMPLOYEES AND SALARIES  |                                     |  |
| EMPLOYEES AND SALARIES  | AS ESTIMATED ON SB-1                | ACTUAL   |
| Current Number of Employees   | 165                                 | 165  |
| Salaries  | 11,835,727                          | 13,021,261   |
| Number of Employees Retained  | 165                                 | 165  |
| Salaries  | 11,835,727                          | 13,021,261   |
| Number of Additional Employees  | 12                                  |  |
| Salaries  | 744,000                             | 1,185,534  |
| SECTION 4 COST AND VALUES   |                                     |  |
| COST AND VALUES   | REAL ESTATE IMPROVEMENTS            |  |
| AS ESTIMATED ON SB-1  | COST                                | ASSESSED VALUE   |
| Values Before Project   |                                     | \$ 4,400,100   |
| Plus: Values of Proposed Project  |                                     | \$ 897,356   |
| Less: Values of Any Property Being Replaced   |                                     | \$   |
| Net Values Upon Completion of Project   |                                     | \$ 5,297,456   |
| ACTUAL  | COST                                | ASSESSED VALUE   |
| Values Before Project   |                                     | \$ 4,400,100   |
| Plus: Values of Proposed Project  |                                     | \$   |
| Less: Values of Any Property Being Replaced   |                                     | \$   |
| Net Values Upon Completion of Project   |                                     | \$ 4,400,100   |
| 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>  | Title<br>Treasurer                  | Date Signed (month, day, year)<br>5/6/25                   |



**CONFIDENTIAL**

**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)

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, 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.
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, 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:  |  |                                    |                     |
| <input checked="" type="checkbox"/>   | The Property Owner <b>IS</b> in Substantial Compliance     |                                    |                     |
| <input type="checkbox"/>  | The Property Owner <b>IS NOT</b> in Substantial Compliance |                                    |                     |
| <input type="checkbox"/>  | Other (specify) _____                                      |                                    |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |                                    |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)     |                     |
|   |  | 6-5-2025                           |                     |
| Attested By   |  | 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year) | Location of Hearing |

|   |  |   |  |
|---|--|---|--|
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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  |  |
|    |  | Terre Haute City Council                                  |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |   |  |
| 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 REAL ESTATE IMPROVEMENTS

State Form 51767 (R7 / 1-21)

Prescribed by the Department of Local Government Finance

CONFIDENTIAL

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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 5-1.1-12.1-5.1.

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 5-1.1-12.1-4)  
☐ Residentially distressed area (IC 6-1.1-12.1-4.1)

### 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 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.
- 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 January 1 and May 10 of a subsequent year.
- 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(d)
- 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

| SECTION 1 TAXPAYER INFORMATION  |            |                                      |  |  |          |
|---|------------|--------------------------------------|--|--|----------|
| Name of taxpayer<br>Ampacet Corporation   |            |                                      |  |  |          |
| Address of taxpayer (number and street, city, state, and ZIP code)<br>660 White Plains Road, Tarrytown, NY 10591  |            |                                      |  |  |          |
| Name of contact person<br>James A. Lansch   |            | Telephone number<br>( 914 ) 631-6600 |  | E-mail address<br>james.lansch@ampacet.com                 |          |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT  |            |                                      |  |  |          |
| Name of designating body<br>Terre Haute City Council  |            |                                      |  |  |          |
| Location of property<br>3701 North Fruitridge Avenue, Terre Haute, IN 47804   |            | County<br>VIGO                       |  | Resolution number<br>10                                    |          |
| Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)<br>Construction of new warehouse and additional silos. Also railcar expansion. Warehouse \$2 million; Silos \$2 million; Railcar \$1 million. Total \$5 million additions. In conjunction with the Personal Property Additions of \$34,743,000, 12 new jobs will be created. |            |                                      |  | Estimated start date (month, day, year)<br>04/01/2024      |          |
|   |            |                                      |  | Estimated completion date (month, day, year)<br>12/31/2024 |          |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT  |            |                                      |  |  |          |
| Current Number  | Salaries   | Number Retained                      | Salaries                                     | Number Additional  | Salaries |
| 165   | 11,835,727 | 165                                  | 11,835,727                                   | 12   | 744,000  |
| SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT  |            |                                      |  |  |          |
| REAL ESTATE IMPROVEMENTS  |            |                                      |  |  |          |
| COST  |            |                                      |  |  |          |
| ASSESSED VALUE  |            |                                      |  |  |          |
| Current values  |            |                                      | 4,400,100                                    |  |          |
| Plus estimated values of proposed project   |            |                                      | 697,356                                      |  |          |
| Less values of any property being replaced  |            |                                      |  |  |          |
| Net estimated values upon completion of project   |            |                                      | 5,297,456                                    |  |          |
| SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER   |            |                                      |  |  |          |
| Estimated solid waste converted (pounds)  |            |                                      | Estimated hazardous waste converted (pounds) |  |          |
| Other benefits<br>Will maintain Ampacet's position in the community as an important employer and allow Ampacet to remain competitive and maintain these manufacturing positions well into the future.   |            |                                      |  |  |          |
| SECTION 6 TAXPAYER CERTIFICATION  |            |                                      |  |  |          |
| I hereby certify that the representations in this statement are true.   |            |                                      |  |  |          |
| Signature of authorized representative  |            |                                      |  | Date signed (month, day, year)<br>08/25/23                 |          |
| Printed name of authorized representative<br>James A. Lansch  |            |                                      |  | Title<br>Director of Tax and Legal Affairs                 |          |

CONFIDENTIAL

FOR USE OF THE DESIGNATING BODY

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

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 \_\_\_\_\_. 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. Redevelopment or rehabilitation of real estate improvements ☒ Yes ☐ No  
 2. Residentially distressed areas ☐ Yes ☒ No

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

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

E. Number of years allowed: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 (\* see below)  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☒ Year 10

F. 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.

We have also 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 of designating body)<br><u>Curtis DeBayn</u> | Telephone number<br><u>(812) 244 2103</u>                   | Date signed (month, day, year)<br><u>10-5-2023</u> |
| Printed name of authorized member of designating body<br><u>Curtis DeBayn</u>                   | Name of designating body<br><u>Terre Haute City Council</u> |  |
| Attested by (signature and title of attester)<br><u>Michelle L Edwards</u>                      | Printed name of attester<br><u>Michelle L Edwards</u>       |  |

\* 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.

A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. 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. Except as provided in IC 6-1.1-12.1-18, the deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)

B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. 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. (See IC 6-1.1-12.1-17 below.)

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. Except as provided in IC 6-1.1-12.1-18, 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.

**Review of C.H.I. Overhead Doors CF-1 Form for Resolution 11, 2021**

Review of C.H.I. Overhead Doors Compliance of Benefits Form for Resolution 11, 2021 was read by digest. Motion was made by Councilperson Boland and seconded by Councilperson Chalos to find C.H.I. Overhead Doors Not In Substantial Compliance. Motion carried.

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# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

MAY 21 2025

**PRIVACY NOTICE**  
This 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

2025 Pay 2026

**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-ERA Schedule of Deduction 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<br><b>C.H.I Overhead Doors, LLC</b>  |                         |                |                                  |  |                                   | County<br><b>Vigo</b>   |   |                |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br><b>1485 Sunrise Drive, Arthur, IL 61911</b>   |                         |                |                                  |  |                                   | DLGF Taxing District Number<br><b>84-002</b>                      |   |                |
| Name of Contact Person<br><b>Tisha Pfeiffer, Chief Financial Officer</b>  |                         |                |                                  | Telephone Number<br><b>(217) 714-1505</b>  |                                   | Email Address<br><b>tpfeiffer@chiohd.com</b>                      |   |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |                         |                |                                  |  |                                   |   |   |                |
| Name of Designating Body<br><b>City of Terre Haute</b>  |                         |                |                                  | Resolution Number<br><b>Res. 11 - 2021</b> |                                   | Estimated State Date (month, day, year)<br><b>08/01/2021</b>      |   |                |
| Location of Property<br><b>1440 Savannah Avenue, Terre Haute, IN 47804</b>  |                         |                |                                  |  |                                   | Actual Start Date (month, day, year)<br><b>08/01/2021</b>         |   |                |
| Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.<br><b>New manufacturing operations are proposed as a part of this project.</b> |                         |                |                                  |  |                                   | Estimated Completion Date (month, day, year)<br><b>12/31/2023</b> |   |                |
|   |                         |                |                                  |  |                                   | Actual Completion Date (month, day, year)                         |   |                |
| SECTION 3 EMPLOYEES AND SALARIES  |                         |                |                                  |  |                                   |   |   |                |
| EMPLOYEES AND SALARIES  |                         |                |                                  | AS ESTIMATED ON SB-1                       |                                   |   | ACTUAL  |                |
| Current Number of Employees   |                         |                |                                  | 0  |                                   |   | 56  |                |
| Salaries  |                         |                |                                  | 0  |                                   |   | 4,888,301   |                |
| Number of Employees Retained  |                         |                |                                  | 0  |                                   |   |   |                |
| Salaries  |                         |                |                                  | 0  |                                   |   |   |                |
| Number of Additional Employees  |                         |                |                                  | 130  |                                   |   | 56  |                |
| Salaries  |                         |                |                                  | 5,678,400                                  |                                   |   | 4,888,301   |                |
| 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   |                         | \$ 0           | \$                               | \$   | \$                                | \$  | \$ 0  | \$ 0           |
| Plus: Values of Proposed Project  |                         | \$ 2,700,000   | \$                               | \$   | \$                                | \$  | \$ 0  | \$ 0           |
| Less: Values of Any Property Being Replaced   |                         | \$ 0           | \$                               | \$   | \$                                | \$  | \$ 0  | \$ 0           |
| Net Values Upon Completion of Project   |                         | \$ 2,700,000   | \$                               | \$   | \$                                | \$  | \$ 0  | \$ 0           |
| ACTUAL  | COST                    | ASSESSED VALUE | COST                             | ASSESSED VALUE                             | COST                              | ASSESSED VALUE  | COST  | ASSESSED VALUE |
| Values Before Project   |                         | \$ 0           | \$                               | \$   | \$                                | \$  | \$ 0  | \$ 0           |
| Plus: Values of Proposed Project  |                         | \$ 2,646,258   | \$                               | \$   | \$                                | \$  | \$ 0  | \$ 0           |
| Less: Values of Any Property Being Replaced   |                         | \$ 0           | \$                               | \$   | \$                                | \$  | \$ 0  | \$ 0           |
| Net Values Upon Completion of Project   |                         | \$ 2,646,258   | \$                               | \$   | \$                                | \$  | \$ 0  | \$ 0           |
| <b>NOTE:</b> 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   |                         |                |                                  | 0  |                                   |   | 0   |                |
| Amount of Hazardous Waste Converted   |                         |                |                                  | 0  |                                   |   | 0   |                |
| Other Benefits:   |                         |                |                                  | 0  |                                   |   | 0   |                |
| SECTION 6 TAXPAYER CERTIFICATION  |                         |                |                                  |  |                                   |   |   |                |
| I hereby certify that the representations in this statement are true.   |                         |                |                                  |  |                                   |   |   |                |
| Signature of Authorized Representative<br><i>Tisha L. Pfeiffer</i>  |                         |                |                                  | Title<br><b>Chief Financial Officer</b>    |                                   |   | Date Signed (month, day, year)<br><b>05/14/2025</b> |                |

**CONFIDENTIAL**

**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:  |   |   |  |
| <input type="checkbox"/>  | The property owner <b>IS</b> in substantial compliance                |   |  |
| <input checked="" type="checkbox"/>   | The property owner <b>IS NOT</b> in substantial compliance            |   |  |
| <input type="checkbox"/>  | Other (specify) _____   |   |  |
| Reasons for the Determination (attach additional sheets if necessary)   |   |   |  |
| Current number of employees and related salaries significantly lower than originally estimated  |   |   |  |
| Signature of Authorized Member  |   | Date Signed (month, day, year)                            |  |
| [Signature]   |   | 6-5-2025  |  |
| Attested By   |   | Designating Body  |  |
| Michelle L. Edwards   |   | 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   | <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM | Date of Hearing (month, day, year)                        | Location of Hearing                        |
| 5:45  |   | 7-10-2025   | CITY HALL<br>17 Harding Ave Terre Haute IN |
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |   |   |  |
| <input type="checkbox"/> Approved   |   | <input type="checkbox"/> 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  |  |
|   |   |   |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |   |   |  |
| 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 (R5 / 1-21)

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.

**CONFIDENTIAL****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<br><b>C.H.I. Overhead Doors, LLC</b>  |                      | Name of contact person<br><b>Tisha Pfeiffer</b>                  |                                     |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>1485 Sunrise Drive, Arthur, IL, 61911</b>   |                      | Telephone number<br><b>(217) 714-1505</b>                        |                                     |
| SECTION 2  |                      | LOCATION AND DESCRIPTION OF PROPOSED PROJECT                     |                                     |
| Name of designating body<br><b>City of Terre Haute</b>   |                      | Resolution number (s)<br><b>TBD</b>                              |                                     |
| Location of property<br><b>1440 Savannah Avenue, Terre Haute, IN 47804</b>   |                      | County<br><b>Vigo</b>  |                                     |
| Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment.<br>(Use additional sheets if necessary.)<br><b>New manufacturing operations are proposed as part of this project.</b> |                      | DLGF taxing district number<br><b>002</b>                        |                                     |
|  |                      | ESTIMATED  |                                     |
|  |                      | START DATE   | COMPLETION DATE                     |
|  |                      | Manufacturing Equipment  | <b>10/15/2021</b> <b>12/31/2023</b> |
|  |                      | R & D Equipment  |                                     |
|  |                      | Logist Dist Equipment  |                                     |
|  |                      | IT Equipment   |                                     |
| SECTION 3  |                      | ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT |                                     |
| Current Number<br><b>0</b>   | Salaries<br><b>0</b> | Number Retained<br><b>0</b>                                      | Salaries<br><b>0</b>                |
|  |                      | Number Additional<br><b>130</b>                                  | Salaries<br><b>5,678,400</b>        |
| 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  |                                     |
| COST   | ASSESSED VALUE       | COST   | ASSESSED VALUE                      |
| Current values   | <b>0</b>             |  |                                     |
| Plus estimated values of proposed project  | <b>2,700,000</b>     |  |                                     |
| Less values of any property being replaced   | <b>0</b>             |  |                                     |
| Net estimated values upon completion of project  | <b>2,700,000</b>     |  |                                     |
| SECTION 5  |                      |  |                                     |
| WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER  |                      |  |                                     |
| Estimated solid waste converted (pounds) <b>0</b>  |                      | Estimated hazardous waste converted (pounds) <b>0</b>            |                                     |
| Other benefits:  |                      |  |                                     |
| SECTION 6  |                      |  |                                     |
| TAXPAYER CERTIFICATION   |                      |  |                                     |
| I hereby certify that the representations in this statement are true.  |                      |  |                                     |
| Signature of authorized representative<br><i>Tisha Pfeiffer</i>  |                      | Date signed (month, day, year)<br><b>08/23/21</b>                |                                     |
| Printed name of authorized representative<br><b>Tisha Pfeiffer</b>   |                      | Title<br><b>Chief Financial Officer</b>                          |                                     |



## FOR USE OF THE DESIGNATING BODY

**CONFIDENTIAL**

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the information 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 N/A. 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;
2. Installation of new research and development equipment;
3. Installation of new logistical distribution equipment.
4. Installation of new information technology equipment;

☒ Yes ☐ No  
☐ Yes ☒ No  
☐ Yes ☒ No  
☐ Yes ☒ No

☐ 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.

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (One or both lines may be filled out to establish a limit, if desired.)

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

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:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☒ Year 10

☐ 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.)

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)<br><u>O. Earl Elliott</u> | Telephone number<br>( )                                     | Date signed (month, day, year)<br><u>10-7-2021</u> |
| Printed name of authorized member of designating body<br><u>O. EARL ELLIOTT</u>                       | Name of designating body<br><u>TERRA HAUTE CITY COUNCIL</u> |  |
| Attested by: (signature and title of attester)<br><u>Michelle L. Edwards</u>                          | Printed name of attester<br><u>MICHELLE L. EDWARDS</u>      |  |

\* 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. Except as provided in IC 6-1.1-12.1-18, 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.

**Review of Enjet CF-1 Form for Resolution 10, 2018**

Review of Enjet Compliance of Benefits Form for Resolution 10, 2018 was read by digest. Motion was made by Councilperson Dinkel and seconded by Councilperson Boland to find Enjet In Substantial Compliance. Motion carried.

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**COMPLIANCE WITH STATEMENT OF BENEFITS  
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government

FILED

CITY CLERK

**PRIVACY NOTICE**  
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.5.

**CONFIDENTIAL**

**FORM GF-1 / PP**

**2025 PAY 2026**

- 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 1G3-ERA Schedule of Deduction 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-I).

| SECTION 1 TAXPAYER INFORMATION   |      |                         |      |                                  |      |  |      |                |  |
|--|------|-------------------------|------|----------------------------------|------|--|------|----------------|--|
| Name of taxpayer<br>Enjet Aero Terre Haute LLC   |      |                         |      |                                  |      | County<br>Vigo   |      |                |  |
| Address of Taxpayer (street and number, city, state and ZIP code)<br>501 S Airport St<br>Terre Haute IN 47803  |      |                         |      |                                  |      | DLGF Taxing District Number<br>Lost Creek                  |      |                |  |
| Name of Contact Person<br>Josh Matchell  |      |                         |      | Telephone Number<br>913-456-1954 |      | Email Address<br>josh.matchell@enjetaero.com               |      |                |  |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY   |      |                         |      |                                  |      |  |      |                |  |
| Name of Designating Body<br>Terre Haute Common Council   |      |                         |      | Resolution Number<br>10-2018     |      | Estimated Start Date (month, day, year)<br>09/01/2018      |      |                |  |
| Location of Property 501 S Airport St<br>Terre Haute IN 47803  |      |                         |      |                                  |      | Actual Start Date (month, day, year)<br>06/30/2018         |      |                |  |
| Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.<br>See attached |      |                         |      |                                  |      | Estimated Completion Date (month, day, year)<br>12/31/2019 |      |                |  |
|  |      |                         |      |                                  |      | Actual Completion Date (month, day, year)<br>1/1/2020      |      |                |  |
| SECTION 3 EMPLOYEES AND SALARIES   |      |                         |      |                                  |      |  |      |                |  |
| EMPLOYEES AND SALARIES   |      |                         |      |                                  |      | AS ESTIMATED ON SB-1                                       |      | ACTUAL         |  |
| Current Number of Employees  |      |                         |      |                                  |      | 75   |      | 81             |  |
| Salaries   |      |                         |      |                                  |      | 3,200,000  |      | 4,784,088      |  |
| Number of Employees Retained   |      |                         |      |                                  |      | 75   |      | 75             |  |
| Salaries   |      |                         |      |                                  |      | 3,200,000  |      | 4,429,711      |  |
| Number of Additional Employees   |      |                         |      |                                  |      | 8  |      | 6              |  |
| Salaries   |      |                         |      |                                  |      | 400,000  |      | 354,377        |  |
| SECTION 4 COST AND VALUES  |      |                         |      |                                  |      |  |      |                |  |
|  |      | MANUFACTURING EQUIPMENT |      | R & D EQUIPMENT                  |      | LOGIST DIST EQUIPMENT                                      |      | IT EQUIPMENT   |  |
| AS ESTIMATED ON SB-1   | COST | ASSESSED VALUE          | COST | ASSESSED VALUE                   | COST | ASSESSED VALUE   | COST | ASSESSED VALUE |  |
| Values Before Project  |      | 1,513,190               |      |                                  |      |  |      |                |  |
| Plus: Values of Proposed Project   |      |                         |      |                                  |      |  |      |                |  |
| Less: Values of Any Property Being Replaced  |      |                         |      |                                  |      |  |      |                |  |
| Net Values Upon Completion of Project  |      | 1,513,190               |      |                                  |      |  |      |                |  |
| ACTUAL   | COST | ASSESSED VALUE          | COST | ASSESSED VALUE                   | COST | ASSESSED VALUE   | COST | ASSESSED VALUE |  |
| Values Before Project  |      |                         |      |                                  |      |  |      |                |  |
| Plus: Values of Proposed Project   |      | 35,120                  |      |                                  |      |  |      |                |  |
| Less: Values of Any Property Being Replaced  |      |                         |      |                                  |      |  |      |                |  |
| Net Values Upon Completion of Project  |      | 35,120                  |      |                                  |      |  |      |                |  |
| <b>NOTE:</b> The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.5 (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<br><i>Josh Matchell</i>   |      |                         |      | Title<br>Assistant               |      | Date Signed (month, day, year)<br>5/9/2025                 |      |                |  |



**ATTACHMENT TO FORM CF-1, page 1, Section 2**

Name of taxpayer

Enjet Aero Terre Haute LLC

**SECTION 2**

**LOCATION AND DESCRIPTION OF PROPERTY**

Description of real property improvements and/or new manufacturing equipment to be acquired

Equipment to be used in the manufacture of highly engineered aerospace engine component parts including CNC Mills, leads, grinders, and materials handling equipment of the kind described as follows: Mazak high turn CNC machines, multistage washer/dryer, TEK5 EDM hold driller, and associated leasehold improvements.

**CONFIDENTIAL**

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

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 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.
3. 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.
4. 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:  |  |  |
| <input checked="" type="checkbox"/>   | The property owner <b>IS</b> in substantial compliance     |  |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |  |
| <input type="checkbox"/>  | Other (specify) _____                                      |  |
| Reasons for the Determination (attach additional sheets if necessary)   |  |  |
| Signature of Authorized Member <i>John Tan</i>  |  | Date Signed (month, day, year) <i>6-5-2025</i> |
| Attested By: <i>Michelle L Edwards</i>  | Designating Body <i>Terre Haute City Council</i>           |  |
| 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<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM   | Date of Hearing (month, day, year)                         | Location of Hearing                            |
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> 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   |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |  |
| 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

**CONFIDENTIAL**

**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<br><b>JWS Machine, LLC</b>   |                  |                         | Name of contact person<br><b>Eric Stark, Pres.</b> |                       |                |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>501 S. Airport St., Terre Haute, IN 47803</b>  |                  |                         | Telephone number<br><b>( 812 ) 917-5571</b>        |                       |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT  |                  |                         |  |                       |                |
| Name of designating body<br><b>City of Terre Haute Common Council</b>   |                  |                         | Resolution number(s)<br><b>10-2018</b>             |                       |                |
| Location of property<br><b>501 S. Airport St., Terre Haute, IN 47803</b>  |                  |                         | County<br><b>Vigo</b>                              |                       |                |
| Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment.<br>(Use additional sheets if necessary)<br><b>Equipment to be used in the manufacture of highly engineered aerospace engine component parts including CNC Mills, lathes, grinders and materials handling equipment of the kind described as follows Mazak high turn CNC machines, multistage washer/dryer, TEKS EDM hole drillers and leasehold improvements including floor preparation, loading dock office rearrangement and equipment reconfiguration.</b> |                  |                         | DLGF taxing district number<br><b>84 0005</b>      |                       |                |
|   |                  |                         | ESTIMATED  |                       |                |
|   |                  |                         | START DATE   |                       |                |
|   |                  |                         | COMPLETION DATE                                    |                       |                |
| Manufacturing Equipment   |                  |                         | 09/01/2018 12/01/2019                              |                       |                |
| R & D Equipment   |                  |                         |  |                       |                |
| Logist Dist Equipment   |                  |                         |  |                       |                |
| IT Equipment  |                  |                         | 09/01/2018 12/01/2019                              |                       |                |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT  |                  |                         |  |                       |                |
| Current number  | Salaries         | Number retained         | Salaries   | Number added/total    | Salaries       |
| <b>75</b>   | <b>3,200,000</b> | <b>75</b>               | <b>3,200,000</b>                                   | <b>Eight</b>          | <b>400,000</b> |
| 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       |                |
|   |                  | COST                    |  | COST                  |                |
|   |                  | ASSESSED VALUE          |  | ASSESSED VALUE        |                |
| Current values  |                  | 1,513,190               |  |                       |                |
| Plus estimated values of proposed project   |                  | 5,000,000               |  |                       |                |
| Less values of any property being replaced  |                  | 0                       |  |                       |                |
| Net estimated values upon completion of project   |                  | 6,513,190               |  |                       |                |
|   |                  |                         |  | LOGIST DIST EQUIPMENT |                |
|   |                  |                         |  | COST                  |                |
|   |                  |                         |  | ASSESSED VALUE        |                |
|   |                  |                         |  | COST                  |                |
|   |                  |                         |  | ASSESSED VALUE        |                |
| 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<br><i>Eric Stark</i>   |                  |                         | Date signed (month, day, year)<br><b>7/10/2018</b> |                       |                |
| Printed name of authorized representative<br><b>Eric Stark</b>  |                  |                         | Title<br><b>President</b>                          |                       |                |



**FOR USE OF THE DESIGNATING BODY**

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 \_\_\_\_\_

*NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*

- C. The amount of deduction applicable to new manufacturing equipment is limited to \$ N/A 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 \$ NA 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 \$ N/A 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 \$ N/A 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:

- ☐ Year 1    ☐ Year 2    ☐ Year 3    ☐ Year 4    ☐ Year 5    ☐ Enhanced Abatement per IC 6-1-1-12-1-18  
☐ Year 6    ☐ Year 7    ☐ Year 8    ☐ Year 9    ☒ Year 10    Number of years approved: \_\_\_\_\_  
(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)

1. 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 date of authorized member of designating body) | Telephone number<br>(812) 232-3375                                    | Date signed (month, day, year)<br>9-13-18 |
| Printed name of authorized member of designating body<br>Curtis DeBaur III | Name of designating body<br>Common Council of the City of Terre Haute |   |
| Attested by: (signature and date of attester)<br>Michelle Edwards          | Printed name of attester<br>Michelle L Edwards                        |   |

\* 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.

### 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.

**Review of Fitesa CF-1 Form for Resolution 2, 2018**

Review of Fitesa Compliance of Benefits Form for Resolution 2, 2018 was read by digest. Motion was made by Councilperson Chalos and seconded by Councilperson Loudermilk to find Fitesa In Substantial Compliance. Motion carried.

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

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

**FILED**

MAY 19 2025

2025 PAY 2026

**FORM CF-1 / Real Property****INSTRUCTIONS:**

1. 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).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. 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))
4. 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).

**CITY CLERK****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 INFORMATION  |                                     |  |
|---|-------------------------------------|--|
| Name of Taxpayer<br>Fitesa Indiana LLC  |                                     | County<br>Vigo   |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br>3400-A Fort Harrison Road, Terre Haute, Indiana 47804 |                                     | DLGF Tazing District Number<br>84-002                      |
| Name of Contact Person<br>Kimberly Broadway   | Telephone Number<br>(864 ) 967-6009 | Email Address<br>kbroadway@fitesa.com                      |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |                                     |  |
| Name of Designating Body<br>Common Council of the City of Terre Haute Indiana   | Resolution Number<br>2-2018         | Estimated Start Date (month, day, year)<br>4/1/2018        |
| Location of Property<br>3400-A Fort Harrison Road, Terre Haute, Indiana 47804   |                                     | Actual Start Date (month, day, year)                       |
| Description of Real Property Improvements<br>See attached from SB-1   |                                     | Estimated Completion Date (month, day, year)<br>12/31/2019 |
|   |                                     | Actual Completion Date (month, day, year)                  |
| SECTION 3 EMPLOYEES AND SALARIES  |                                     |  |
| EMPLOYEES AND SALARIES  | AS ESTIMATED ON SB-1                | ACTUAL   |
| Current Number of Employees   | 121                                 | 127  |
| Salaries  | 6,757,683                           | 11,520,873   |
| Number of Employees Retained  | 121                                 | 127  |
| Salaries  | 6,757,683                           | 11,520,873   |
| Number of Additional Employees  | 26                                  |  |
| Salaries  | 1,897,200                           |  |
| 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  |                                     | \$   |
| Less: Values of Any Property Being Replaced   |                                     | \$   |
| Net Values Upon Completion of Project   |                                     | \$   |
| 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 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>Paula Lee</i>  | Title<br>Authorized Agent           | Date Signed (month, day, year)<br>5/13/2021                |



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

**CONFIDENTIAL**

INSTRUCTIONS: (IC 6-1.1-12.1-5.3 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, 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.
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, 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:  |  |   |   |
| <input checked="" type="checkbox"/>   | The Property Owner IS in Substantial Compliance            |   |   |
| <input type="checkbox"/>  | The Property Owner IS NOT in Substantial Compliance        |   |   |
| <input type="checkbox"/>  | Other (specify) _____                                      |   |   |
| Reasons for the Determination (attach additional sheets if necessary)   |  |   |   |
| Signature of Authorized Member<br><i>Michelle Redman</i>  |  |   | Date Signed (month, day, year)<br><i>6-5-2025</i> |
| Attested By<br><i>Michelle Redman</i>   |  | Designating Body<br>Common Council of the City of Terre Haute Indiana |   |
| 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year)                                    | Location of Hearing                               |

| HEARING RESULTS (to be completed after the hearing)   |  |   |                                |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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 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. |  |   |                                |

**Review of Fitesa CF-1 Form for Resolution 3, 2018**

Review of Fitesa Compliance of Benefits Form for Resolution 3, 2018 was read by digest. Motion was made by Councilperson Hinton and seconded by Councilperson Thompson to find Fitesa In Substantial Compliance. Motion carried.

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# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7/12-22)

Prescribed by the Department of Local Government Finance

MAY 19 2025

PRIVACY NOTICE  
This 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

2025 Pay 2024

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-ERA Schedule of Deduction 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<br>Fitesa Indiana LLC (formerly Tredegar Film Products LLC)   |  |                         |                |                                    |                | County<br>Vigo   |   |              |                |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br>3400-A Fort Harrison Road, Terre Haute, Indiana 47804  |  |                         |                |                                    |                | DLGF Taxing District Number<br>84-002                    |   |              |                |
| Name of Contact Person<br>Kimberly Broadway  |  |                         |                | Telephone Number<br>(864) 967-6009 |                | Email Address<br>kbroadway@fitesa.com                    |   |              |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY   |  |                         |                |                                    |                |  |   |              |                |
| Name of Designating Body<br>Common Council of the City of Terre Haute, IN  |  |                         |                | Resolution Number<br>3-2018        |                | Estimated State Date (month, day, year)<br>2/1/2019      |   |              |                |
| Location of Property<br>3400-A Fort Harrison Road, Terre Haute, Indiana 47804  |  |                         |                |                                    |                | Actual Start Date (month, day, year)                     |   |              |                |
| Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.<br>See attached with SB-1 |  |                         |                |                                    |                | Estimated Completion Date (month, day, year)<br>8/1/2019 |   |              |                |
|  |  |                         |                |                                    |                | Actual Completion Date (month, day, year)                |   |              |                |
| SECTION 3 EMPLOYEES AND SALARIES   |  |                         |                |                                    |                |  |   |              |                |
| EMPLOYEES AND SALARIES   |  |                         |                | AS ESTIMATED ON SB-1               |                | ACTUAL   |   |              |                |
| Current Number of Employees  |  |                         |                | 121                                |                |  |   |              |                |
| Salaries   |  |                         |                | 6,757,683                          |                |  |   |              |                |
| Number of Employees Retained   |  |                         |                | 121                                |                |  |   |              |                |
| Salaries   |  |                         |                | 6,757,683                          |                |  |   |              |                |
| Number of Additional Employees   |  |                         |                | 34                                 |                |  |   |              |                |
| Salaries   |  |                         |                | 1,897,200                          |                |  |   |              |                |
| 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  |  | \$                      | 16887827       | \$                                 |                | \$   |   | \$           |                |
| Plus: Values of Proposed Project   |  | \$                      | 4942350        | \$                                 |                | \$   |   | \$           |                |
| Less: Values of Any Property Being Replaced  |  | \$                      |                | \$                                 |                | \$   |   | \$           |                |
| Net Values Upon Completion of Project  |  | \$                      | 21830177       | \$                                 |                | \$   |   | \$           |                |
| ACTUAL   |  | COST                    | ASSESSED VALUE | COST                               | ASSESSED VALUE | COST   | ASSESSED VALUE                              | COST         | ASSESSED VALUE |
| Values Before Project  |  | \$                      | 31,264,416     | \$                                 |                | \$   |   | \$           |                |
| Plus: Values of Proposed Project   |  | \$                      | 1,363,331      | \$                                 |                | \$   |   | \$           |                |
| Less: Values of Any Property Being Replaced  |  | \$                      |                | \$                                 |                | \$   |   | \$           |                |
| Net Values Upon Completion of Project  |  | \$                      | 32,627,747     | \$                                 |                | \$   |   | \$           |                |
| 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<br>Paula Cook   |  |                         |                | Title<br>Authorized Agent          |                |  | Date Signed (month, day, year)<br>5/13/2025 |              |                |



CONFIDENTIAL

**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:  |  |                                    |                     |
| <input checked="checked" type="checkbox"/>  | The property owner <b>IS</b> in substantial compliance     |                                    |                     |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |                                    |                     |
| <input type="checkbox"/>  | Other (specify) _____                                      |                                    |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |                                    |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)     |                     |
|    |  | 6-5-2025                           |                     |
| Attested By   |  | 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year) | Location of Hearing |

|   |  |   |  |
|---|--|---|--|
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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  |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |   |  |
| 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. |  |   |  |

**Review of Fitesa CF-1 Form for Resolution 7, 2021**

Review of Fitesa Compliance of Benefits Form for Resolution 7, 2021 was read by digest. Motion was made by Councilperson Loudermilk and seconded by Councilperson Dinkel to find Fitesa In Substantial Compliance. Motion carried.

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

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

**FILED**

**MAY 19 2025**

**2025 PAY 2026**

**FORM CF-1 / Real Property**

**INSTRUCTIONS:**

1. 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).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. 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))
4. 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).

**CITY CLERK**

**PRIVACY NOTICE**

The cost and any specific individuals 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 INFORMATION  |                                     |  |
|---|-------------------------------------|--|
| Name of Taxpayer<br>Fitesa Indiana LLC  |                                     | County<br>Vigo   |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br>3400-A Fort Harrison Road, Terre Haute, Indiana 47804 |                                     | DLGF Taxing District Number<br>84-002                      |
| Name of Contact Person<br>Kimberly Broadway   | Telephone Number<br>(864 ) 967-6009 | Email Address<br>kbroadway@fitesa.com                      |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |                                     |  |
| Name of Designating Body<br>Common Council of the City of Terre Haute Indiana   | Resolution Number<br>7-2021         | Estimated Start Date (month, day, year)<br>6/1/2021        |
| Location of Property<br>3400-A Fort Harrison Road, Terre Haute, Indiana 47804   |                                     | Actual Start Date (month, day, year)<br>6/1/2021           |
| Description of Real Property Improvements<br>See attached Form SB-1   |                                     | Estimated Completion Date (month, day, year)<br>11/30/2021 |
|   |                                     | Actual Completion Date (month, day, year)<br>Pending 2024  |
| SECTION 3 EMPLOYEES AND SALARIES  |                                     |  |
| EMPLOYEES AND SALARIES  | AS ESTIMATED ON SB-1                | ACTUAL   |
| Current Number of Employees   | 113                                 | 127  |
| Salaries  | 7,756,471                           | 11,520,873   |
| Number of Employees Retained  | 113                                 | 127  |
| Salaries  | 7,756,471                           | 11,520,873   |
| Number of Additional Employees  | 26                                  |  |
| Salaries  | 1,086,467                           |  |
| SECTION 4 COST AND VALUES   |                                     |  |
| COST AND VALUES   | REAL ESTATE 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 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>Paula Cook</i>   | Title<br>Authorized Agent           | Date Signed (month, day, year)<br>5/13/2025                |



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

INSTRUCTIONS: (IC 6-1.1-12.1-5.3 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, 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.
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, 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:  |  |   |                     |
| <input checked="checked" type="checkbox"/>  | The Property Owner <b>IS</b> in Substantial Compliance     |   |                     |
| <input type="checkbox"/>  | The Property Owner <b>IS NOT</b> in Substantial Compliance |   |                     |
| <input type="checkbox"/>  | Other (specify) _____                                      |   |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |   |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)                    |                     |
| Attested By   |  | Designating Body                                  |                     |
| Michelle Edwards  |  | Common Council of the City of Terre Haute Indiana |                     |
| 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year)                | Location of Hearing |

| HEARING RESULTS (to be completed after the hearing)   |   |
|---|---|
| <input type="checkbox"/> Approved   | <input type="checkbox"/> 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 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. |   |

**Review of Fitesa CF-1 Form for Resolution 8, 2021**

Review of Fitesa Compliance of Benefits Form for Resolution 8, 2021 was read by digest. Motion was made by Councilperson Chalos and seconded by Councilperson Thompson to find Fitesa In Substantial Compliance. Motion carried.

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FILED



# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

Slate Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

MAY 19 2025

**PRIVACY NOTICE**  
This 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

2025 Pay 2026

CITY CLERK

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-ERA Schedule of Deduction 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<br>Fitesa Indiana LLC   |  |                         |                |                                  |                | County<br>Vigo                        |                |  |                |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br>3400-A Fort Harrison Road, Terre Haute, Indiana 47804  |  |                         |                |                                  |                | DLGF Taxing District Number<br>84-002 |                |  |                |
| Name of Contact Person<br>Kimberly Broadway  |  |                         |                |                                  |                | Telephone Number<br>(864) 967-6009    |                | Email Address<br>kbroadway@fitesa.com                      |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY   |  |                         |                |                                  |                |                                       |                |  |                |
| Name of Designating Body<br>Common Council of the City of Terre Haute, IN  |  |                         |                |                                  |                | Resolution Number                     |                | Estimated State Date (month, day, year)<br>6/1/2021        |                |
| Location of Property<br>3400-A Fort Harrison Road, Terre Haute, Indiana 47804  |  |                         |                |                                  |                |                                       |                | Actual Start Date (month, day, year)<br>6/1/2021           |                |
| Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.<br>See attached Form SB-1 |  |                         |                |                                  |                |                                       |                | Estimated Completion Date (month, day, year)<br>11/30/2021 |                |
|  |  |                         |                |                                  |                |                                       |                | Actual Completion Date (month, day, year)<br>Pending 2024  |                |
| SECTION 3 EMPLOYEES AND SALARIES   |  |                         |                |                                  |                |                                       |                |  |                |
| EMPLOYEES AND SALARIES   |  |                         |                | AS ESTIMATED ON SB-1             |                | ACTUAL                                |                |  |                |
| Current Number of Employees  |  |                         |                | 113                              |                | 127                                   |                |  |                |
| Salaries   |  |                         |                | 7,756,471                        |                | 11520872                              |                |  |                |
| Number of Employees Retained   |  |                         |                | 113                              |                | 127                                   |                |  |                |
| Salaries   |  |                         |                | 7,756,471                        |                | 11520872                              |                |  |                |
| Number of Additional Employees   |  |                         |                | 26                               |                |                                       |                |  |                |
| Salaries   |  |                         |                | 1,086,467                        |                |                                       |                |  |                |
| 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  |  |                         | \$ 21830177    | \$                               | \$             | \$                                    | \$             | \$   | \$             |
| Plus: Values of Proposed Project   |  |                         | \$ 5369910     | \$                               | \$             | \$                                    | \$             | \$   | \$             |
| Less: Values of Any Property Being Replaced  |  |                         | \$             | \$                               | \$             | \$                                    | \$             | \$   | \$             |
| Net Values Upon Completion of Project  |  |                         | \$ 27200057    | \$                               | \$             | \$                                    | \$             | \$   | \$             |
| ACTUAL   |  | COST                    | ASSESSED VALUE | COST                             | ASSESSED VALUE | COST                                  | ASSESSED VALUE | COST   | ASSESSED VALUE |
| Values Before Project  |  |                         | \$ 31264416    | \$                               | \$             | \$                                    | \$             | \$   | \$             |
| Plus: Values of Proposed Project   |  |                         | \$ 10213374    | \$                               | \$             | \$                                    | \$             | \$   | \$             |
| Less: Values of Any Property Being Replaced  |  |                         | \$             | \$                               | \$             | \$                                    | \$             | \$   | \$             |
| Net Values Upon Completion of Project  |  |                         | \$ 10213374    | \$                               | \$             | \$                                    | \$             | \$   | \$             |
| <b>NOTE:</b> 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<br><i>Paula Cook</i>  |  |                         |                |                                  |                | Title<br>Authorized Agent             |                | Date Signed (month, day, year)<br>5.15.25                  |                |



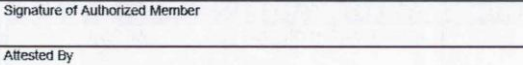
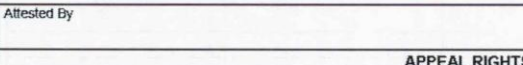
CONFIDENTIAL

**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:  |  |                                    |                     |
| <input checked="checked" type="checkbox"/>  | The property owner <b>IS</b> in substantial compliance     |                                    |                     |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |                                    |                     |
| <input type="checkbox"/>  | Other (specify) _____                                      |                                    |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |                                    |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)     |                     |
|    |  | 6/5/2025                           |                     |
| Attested By   |  | 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year) | Location of Hearing |

|   |  |   |  |
|---|--|---|--|
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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  |  |
|    |  |   |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |   |  |
| 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. |  |   |  |

**Review of Fox Hotel Partners CF-1 Form for Resolution 12, 2015**

Review of Fox Hotel Partners Compliance of Benefits Form for Resolution 12, 2015 was read by digest. Motion was made by Councilperson Chalos and seconded by Councilperson Boland to find Fox Hotel Partners In Substantial Compliance. Motion carried.

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

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

**FILED****MAY 19 2025****CITY CLERK****INSTRUCTIONS:**

1. 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).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. 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))
4. 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).

20 25 PAY 20 26**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**

| <b>SECTION 1 TAXPAYER INFORMATION</b>   |                                     |  |
|---|-------------------------------------|--|
| Name of Taxpayer<br>Fox Hotel Partners, LLC previously Sycamore Hotel Partners, LLC   |                                     | County<br>Vigo   |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br>10734 Sky Prairie Street, Fishers, IN 46038   |                                     | DLGF Taxing District Number<br>84-009                    |
| Name of Contact Person<br>Timothy Dora  | Telephone Number<br>(317 ) 863-5700 | Email Address<br>TDORA@DORAHOTELCO.COM                   |
| <b>SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY</b>   |                                     |  |
| Name of Designating Body<br>Common Council of the City of Terre Haute, Indiana  | Resolution Number<br>12,2015        | Estimated Start Date (month, day, year)<br>5/1/2016      |
| Location of Property<br>2625 S. Sycamore Crossing Street, Terre Haute, IN 47802   |                                     | Actual Start Date (month, day, year)                     |
| Description of Real Property Improvements<br>The project would consist of a new 4-story, 56,000 square foot "Home2 Suites" Hotel near State Road 46 and 1-70. The hotel will be 4 stories and contain 91 guest rooms consisting of 70 standard size hotel rooms and 21 larger suite rooms, and will include 144 parking places. |                                     | Estimated Completion Date (month, day, year)<br>7/1/2017 |
| Actual Completion Date (month, day, year)   |                                     |  |
| <b>SECTION 3 EMPLOYEES AND SALARIES</b>   |                                     |  |
| EMPLOYEES AND SALARIES  | AS ESTIMATED ON SB-1                | ACTUAL   |
| Current Number of Employees   | 30                                  | *34* see attached  |
| Salaries  | 459,023                             | 746,587  |
| Number of Employees Retained  | 30                                  | 30   |
| Salaries  | 459,023                             | 658,753  |
| Number of Additional Employees  | 30                                  | 4  |
| Salaries  | 410,000                             | 87,834   |
| <b>SECTION 4 COST AND VALUES</b>  |                                     |  |
| <b>REAL ESTATE IMPROVEMENTS</b>   |                                     |  |
| AS ESTIMATED ON SB-1  | COST                                | ASSESSED VALUE   |
| Values Before Project   |                                     | \$   |
| Plus: Values of Proposed Project  |                                     | \$   |
| Less: Values of Any Property Being Replaced   |                                     | \$   |
| Net Values Upon Completion of Project   |                                     | \$   |
| ACTUAL  | COST                                | ASSESSED VALUE   |
| Values Before Project   |                                     | \$   |
| Plus: Values of Proposed Project  |                                     | \$ 6,343,000   |
| Less: Values of Any Property Being Replaced   |                                     | \$   |
| Net Values Upon Completion of Project   |                                     | \$   |
| <b>SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER</b>  |                                     |  |
| WASTE CONVERTED AND OTHER BENEFITS  | AS ESTIMATED ON SB-1                | ACTUAL   |
| Amount of Solid Waste Converted   |                                     |  |
| Amount of Hazardous Waste Converted   |                                     |  |
| Other Benefits:   |                                     |  |
| <b>SECTION 6 TAXPAYER CERTIFICATION</b>   |                                     |  |
| I hereby certify that the representations in this statement are true.   |                                     |  |
| Signature of Authorized Representative<br>  | Title<br>CFO                        | Date Signed (month, day, year)<br>05.15.2025             |



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

**CONFIDENTIAL**

INSTRUCTIONS: (IC 6-1.1-12.1-5.3 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, 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.
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, 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:  |  |  |  |
| <input checked="" type="checkbox"/>   | The Property Owner <b>IS</b> in Substantial Compliance     |  |  |
| <input type="checkbox"/>  | The Property Owner <b>IS NOT</b> in Substantial Compliance |  |  |
| <input type="checkbox"/>  | Other (specify) _____                                      |  |  |
| Reasons for the Determination (attach additional sheets if necessary)   |  |  |  |
|   |  |  |  |
| Signature of Authorized Member <i>[Signature]</i>   |  |  | Date Signed (month, day, year) <i>6-5-2025</i> |
| Attested By <i>Michelle Edwards</i>   |  | Designating Body <i>Terre Haute City Council</i> |  |
| 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year)               | Location of Hearing                            |

| HEARING RESULTS (to be completed after the hearing)   |   |
|---|---|
| <input type="checkbox"/> Approved   | <input type="checkbox"/> 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 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. |   |

**Attachment to Return:**

This property is affiliated with Fox Hotel Partners, LLC ownership which also owns Home2Suites. Since the employees could work at either location, the Home2Suite employees are being reported along with Holiday Inn Employees on this CF-1.

**STATEMENT OF BENEFITS  
REAL ESTATE IMPROVEMENTS**

State Form 51767 (R6/10-14)

Prescribed by the Department of Local Government Finance

**CONFIDENTIAL**

20\_\_ PAY 20\_\_

FORM BB-1 / Real Property

**PRIVACY NOTICE**

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

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)

**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.
2. 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(p)
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

| SECTION 1   |                                 | TAXPAYER INFORMATION                                     |  |
|---|---------------------------------|--|--|
| Name of taxpayer<br><b>Sycamore Hotel Partners, LLC</b>   |                                 |  |  |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>10734 Sky Prairie St, Fishers, IN 46037</b>  |                                 |  |  |
| Name of contact person<br><b>Timothy Dora</b>   |                                 | Telephone number<br><b>(317) 863-5700</b>                | E-mail address<br><b>tdora@dorahotelco.com</b> |
| SECTION 2   |                                 | LOCATION AND DESCRIPTION OF PROPOSED PROJECT             |  |
| Name of designating body<br><b>Common Council of the City of Terre Haute, Indiana</b>   |                                 |  |  |
| Location of property<br><b>Immediately West of 2645 South Joe Fox St</b>  |                                 | County<br><b>Vigo</b>                                    | DLCF listing district number<br><b>84-009</b>  |
| Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)<br><b>The project would consist of a new 4-story, 58,000 square foot "Home2 Suites" Hotel near State Road 46 and I-70. The hotel will be 4 stories and contain 91 guest rooms consisting of 70 standard size hotel rooms and 21 larger suite rooms, and will include 144 parking places.</b> |                                 |  |  |
| Estimated start date (month, day, year)<br><b>May 1, 2016</b>   |                                 |  |  |
| Estimated completion date (month, day, year)<br><b>July 1, 2017</b>   |                                 |  |  |
| SECTION 3   |                                 |  |  |
| ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT  |                                 |  |  |
| Current number<br><b>30.00</b>  | Salaries<br><b>\$459,023.00</b> | Number retained<br><b>30.00</b>                          | Salaries<br><b>\$459,023.00</b>                |
|   |                                 | Number additional<br><b>30.00</b>                        | Salaries<br><b>\$410,000.00</b>                |
| SECTION 4   |                                 |  |  |
| ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT  |                                 |  |  |
|   |                                 | REAL ESTATE IMPROVEMENTS                                 |  |
|   |                                 | COST   | ASSESSED VALUE                                 |
| Current values  |                                 |  | <b>0.00</b>                                    |
| Plus estimated values of proposed project   |                                 |  | <b>9,880,900.00</b>                            |
| Less values of any property being replaced  |                                 |  | <b>0.00</b>                                    |
| Net estimated values upon completion of project   |                                 |  | <b>9,880,900.00</b>                            |
| SECTION 5   |                                 |  |  |
| WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER   |                                 |  |  |
| Estimated solid waste converted (pounds) <b>0.00</b>  |                                 | Estimated hazardous waste converted (pounds) <b>0.00</b> |  |
| Other benefits  |                                 |  |  |
|   |                                 |  |  |
| SECTION 6   |                                 |  |  |
| TAXPAYER CERTIFICATION  |                                 |  |  |
| I hereby certify that the representations in this statement are true.   |                                 |  |  |
| Signature of authorized representative<br>  |                                 | Date signed (month, day, year)<br><b>11/17/2015</b>      |  |
| Printed name of authorized representative<br><b>Timothy Dora</b>  |                                 | Title<br><b>Manager, Sycamore Hotel Partners, LLC</b>    |  |



FOR USE OF THE DESIGNATING BODY

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

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 \_\_\_\_\_.

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

1. Redevelopment or rehabilitation of real estate improvements ☐ Yes ☐ No  
2. Residentially distressed areas ☐ Yes ☐ No

C. The amount of the deduction applicable is limited to \$ \_\_\_\_\_.

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

E. Number of years allowed: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ("see below")  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10

F. For a statement of benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.5-17?

☐ 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.

We have also 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 of designating body) | Telephone number<br>( )  | 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.

- A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. 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. The deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)
- B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. 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. (See IC 6-1.1-12.1-17 below.)

IC 6-1.1-12.5-17

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.

**Review of Gartland Foundry CF-1 Form for Resolution 2, 2015**

Review of Gartland Foundry Compliance of Benefits Form for Resolution 2, 2015 was read by digest. Motion was made by Councilperson Dinkel and seconded by Councilperson Chalos to find Gartland Foundry In Substantial Compliance. Motion carried.

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JAITVEGIRHOC



# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

## PRIVACY NOTICE

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

# CONFIDENTIAL

FORM CF-1 / PP

20 25 Pay 20 26

- 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, 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<br><b>GARTLAND FOUNDRY CO. INC</b>  |  |                         |                |   |                           | County<br><b>VIGO</b>                              |   |              |                |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br><b>330 GRANT ST. TERRE HAUTE, IN 47801</b>   |  |                         |                |   |                           | DLGF Taxing District Number<br><b>CITY CLERK</b>   |   |              |                |
| Name of Contact Person<br><b>DAVID GEMES</b>   |  |                         |                | Telephone Number<br><b>(812) 232-0226</b> |                           | Email Address<br><b>DGEMES@GARTLANDFOUNDRY.COM</b> |   |              |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY   |  |                         |                |   |                           |  |   |              |                |
| Name of Designating Body<br><b>COMMON COUNCIL CITY OF TERRE HAUTE</b>  |  |                         |                |   |                           | Resolution Number<br><b>2-2015</b>                 |   |              |                |
| Location of Property<br><b>330 GRANT ST</b>  |  |                         |                |   |                           | Estimated State Date (month, day, year)            |   |              |                |
| Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.<br><b>MELT SHOP</b> |  |                         |                |   |                           | Actual Start Date (month, day, year)               |   |              |                |
|  |  |                         |                |   |                           | Estimated Completion Date (month, day, year)       |   |              |                |
|  |  |                         |                |   |                           | Actual Completion Date (month, day, year)          |   |              |                |
| SECTION 3 EMPLOYEES AND SALARIES   |  |                         |                |   |                           |  |   |              |                |
| EMPLOYEES AND SALARIES   |  |                         |                | AS ESTIMATED ON SB-1                      |                           | ACTUAL   |   |              |                |
| Current Number of Employees  |  |                         |                | 128                                       |                           | 106  |   |              |                |
| Salaries   |  |                         |                | 7,500,000                                 |                           | 5,750,232  |   |              |                |
| Number of Employees Retained   |  |                         |                | 128                                       |                           | 106  |   |              |                |
| Salaries   |  |                         |                | 7,500,000                                 |                           | 5,750,232  |   |              |                |
| Number of Additional Employees   |  |                         |                | 3   |                           |  |   |              |                |
| Salaries   |  |                         |                | 118,560                                   |                           |  |   |              |                |
| 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  |  | \$                      | \$ 770,302     | \$  | \$                        | \$   | \$  | \$           | \$             |
| Plus: Values of Proposed Project   |  | \$                      | \$ 3,750,000   | \$  | \$                        | \$   | \$  | \$           | \$             |
| Less: Values of Any Property Being Replaced  |  | \$                      | \$ 770,302     | \$  | \$                        | \$   | \$  | \$           | \$             |
| Net Values Upon Completion of Project  |  | \$                      | \$ 3,749,698   | \$  | \$                        | \$   | \$  | \$           | \$             |
| ACTUAL   |  | COST                    | ASSESSED VALUE | COST                                      | ASSESSED VALUE            | COST   | ASSESSED VALUE                                  | COST         | ASSESSED VALUE |
| Values Before Project  |  | \$                      | \$ 770,302     | \$  | \$                        | \$   | \$  | \$           | \$             |
| Plus: Values of Proposed Project   |  | \$                      | \$ 4,780,219   | \$  | \$                        | \$   | \$  | \$           | \$             |
| Less: Values of Any Property Being Replaced  |  | \$                      | \$ 770,302     | \$  | \$                        | \$   | \$  | \$           | \$             |
| Net Values Upon Completion of Project  |  | \$                      | \$ 4,780,219   | \$  | \$                        | \$   | \$  | \$           | \$             |
| 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<br><i>[Signature]</i>   |  |                         |                |   | Title<br><b>FINANCIAL</b> |  | Date Signed (month, day, year)<br><b>5/2/25</b> |              |                |



CONFIDENTIAL

CONFIDENTIAL

## 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:  |  |                                    |                     |
| <input checked="" type="checkbox"/>   | The property owner <b>IS</b> in substantial compliance     |                                    |                     |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |                                    |                     |
| <input type="checkbox"/>  | Other (specify) _____                                      |                                    |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |                                    |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)     |                     |
| Michelle X Edwards  |  | 6-5-2025                           |                     |
| Attested By   |  | Designating Body                   |                     |
| Michelle X Edwards  |  | 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year) | Location of Hearing |

|   |  |   |  |
|---|--|---|--|
| HEARING RESULTS (to be completed after the hearing)   |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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 51754 (R3 12-13)

Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

## PRIVACY NOTICE

This information concerning the use of the property and specific relative to individual employees by the property owner is confidential per IC 6-1.1-12-1.3.

### 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.
- 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.
- 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, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12-1-5.8)
- 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<br><b>Cartland Foundry Company, Inc.</b>  |          |  |                | Name of contact person<br><b>Jeffrey A. Lawelllyn</b> |                |  |                |                 |                |  |  |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>320 Grant St. Terre Haute, IN 47802</b>   |          |  |                | Telephone number<br><b>(812) 232-4311</b>             |                |  |                |                 |                |  |  |
| SECTION 2 NAME OF DESIGNATING BODY AND DESCRIPTION OF PROPOSED PROJECTS  |          |  |                |   |                |  |                |                 |                |  |  |
| Name of designating body<br><b>Common Council City of Terre Haute</b>  |          |  |                | Resolution number (if)<br><b>2-2015</b>               |                |  |                |                 |                |  |  |
| Location of property<br><b>330 Grant St. Terre Haute, IN 47802</b>   |          |  |                | County<br><b>Vigo</b>                                 |                | DLGF taxing district number<br><b>84</b> |                |                 |                |  |  |
| Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment.<br>(Use additional sheets if necessary.)<br>New manufacturing equipment consisting of: molding machine - \$1,800,000; electric furnace - \$1,800,000; and dust collector, monorail - \$150,000. |          |  |                | ESTIMATED   |                |  |                |                 |                |  |  |
|  |          |  |                | START DATE  |                |  |                | COMPLETION DATE |                |  |  |
|  |          |  |                | Manufacturing Equipment                               |                | 07/01/2015                               |                | 09/01/2015      |                |  |  |
|  |          |  |                | R & D Equipment                                       |                |  |                |                 |                |  |  |
|  |          |  |                | Logist Dist Equipment                                 |                |  |                |                 |                |  |  |
| IT Equipment   |          |  |                |   |                |  |                |                 |                |  |  |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT   |          |  |                |   |                |  |                |                 |                |  |  |
| Current number   | Salaries | Number retained                            | Salaries       | Number additional                                     | Salaries       |  |                |                 |                |  |  |
|  |          |  |                |   |                |  |                |                 |                |  |  |
| SECTION 4 EQUIPMENT COSTS AND VALUES 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                             |                | 770,372   |                |  |                |                 |                |  |  |
|  |          | Plus estimated values of proposed project  |                | 3,750,000   |                |  |                |                 |                |  |  |
|  |          | Less values of any property being replaced |                | 770,372   |                |  |                |                 |                |  |  |
| Net estimated values upon completion of project  |          | 2,979,628                                  |                |   |                |  |                |                 |                |  |  |
| 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<br><i>Jeffrey A. Lawelllyn</i>  |          |  |                | Date signed (month, day, year)<br><b>1-2-16</b>       |                |  |                |                 |                |  |  |
| Printed name of authorized representative<br><b>Jeffrey A. Lawelllyn</b>   |          |  |                |   |                |  |                |                 |                |  |  |



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 \_\_\_\_\_.
- B. The type of deduction that is allowed in the designated area is limited to:
1. Installation of new manufacturing equipment; ☐ Yes ☐ No
  2. Installation of new research and development equipment; ☐ Yes ☐ No
  3. Installation of new logistical distribution equipment; ☐ Yes ☐ No
  4. Installation of new information technology equipment; ☐ Yes ☐ 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 \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.
- E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.
- F. The amount of deduction applicable to new information technology equipment is limited to \$ \_\_\_\_\_ 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 is allowed for:
- ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 (see below \*)
- ☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ 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<br>( )  | 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.



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

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

**FILED****MAY 16 2025**

20 25 PAY 20 26

**FORM CF-1 / Real Property****INSTRUCTIONS:**

1. 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).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. 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))
4. 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).

**CITY CLERK****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**

| <b>SECTION 1 TAXPAYER INFORMATION</b>   |   |   |
|---|---|---|
| Name of Taxpayer<br><b>GARTLAND FOUNDRY CO. INC</b>   | County<br><b>VIGO</b>                     |   |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br><b>330 GRANT ST TERRE HAUTE, IN 47802</b> |   | DLGF Taxing District Number                         |
| Name of Contact Person<br><b>DAVID GRIMES</b>   | Telephone Number<br><b>(812) 232-0226</b> | Email Address<br><b>DGRIMES@GARTLANDFOUNDRY.COM</b> |
| <b>SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY</b>   |   |   |
| Name of Designating Body<br><b>COMMON COUNCIL CITY OF TERRE HAUTE</b>   | Resolution Number<br><b>7-2015</b>        | Estimated Start Date (month, day, year)             |
| Location of Property<br><b>330 GRANT STREET</b>   |   | Actual Start Date (month, day, year)                |
| Description of Real Property Improvements<br><b>MELT SHOP</b>   |   | Estimated Completion Date (month, day, year)        |
|   |   | Actual Completion Date (month, day, year)           |
| <b>SECTION 3 EMPLOYEES AND SALARIES</b>   |   |   |
| <b>EMPLOYEES AND SALARIES</b>   |   | <b>AS ESTIMATED ON SB-1</b>                         |
| Current Number of Employees   |   | <b>128</b>  |
| Salaries  |   | <b>7,500,000</b>                                    |
| Number of Employees Retained  |   | <b>128</b>  |
| Salaries  |   | <b>7,500,000</b>                                    |
| Number of Additional Employees  |   | <b>3</b>  |
| Salaries  |   | <b>118,560</b>                                      |
| <b>SECTION 4 COST AND VALUES</b>  |   |   |
| <b>COST AND VALUES</b>  |   | <b>REAL ESTATE IMPROVEMENTS</b>                     |
| <b>AS ESTIMATED ON SB-1</b>   |   | <b>AS ESTIMATED ON SB-1</b>                         |
| Values Before Project   | \$  | <b>530,800</b>                                      |
| Plus: Values of Proposed Project  | \$  | <b>660,000 (ESTIMATE)</b>                           |
| Less: Values of Any Property Being Replaced   | \$  |   |
| Net Values Upon Completion of Project   | \$  | <b>1,190,800</b>                                    |
| <b>ACTUAL</b>   |   | <b>ACTUAL</b>                                       |
| Values Before Project   | \$  | <b>530,800</b>                                      |
| Plus: Values of Proposed Project  | \$  | <b>521,191</b>                                      |
| Less: Values of Any Property Being Replaced   | \$  |   |
| Net Values Upon Completion of Project   | \$  | <b>1,051,991</b>                                    |
| <b>SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER</b>                                    |   |   |
| <b>WASTE CONVERTED AND OTHER BENEFITS</b>   |   | <b>AS ESTIMATED ON SB-1</b>                         |
| Amount of Solid Waste Converted   |   |   |
| Amount of Hazardous Waste Converted   |   |   |
| Other Benefits:   |   |   |
| <b>SECTION 6 TAXPAYER CERTIFICATION</b>   |   |   |
| I hereby certify that the representations in this statement are true.   |   |   |
| Signature of Authorized Representative<br>  | Title<br><b>VP - FINANCE</b>              | Date Signed (month, day, year)<br><b>5/19/25</b>    |

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

**CONFIDENTIAL**

INSTRUCTIONS: (IC 6-1.1-12.1-5.3 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, 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.
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, 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:  |  |                                    |                     |
| <input checked="" type="checkbox"/>   | The Property Owner <b>IS</b> in Substantial Compliance     |                                    |                     |
| <input type="checkbox"/>  | The Property Owner <b>IS NOT</b> in Substantial Compliance |                                    |                     |
| <input type="checkbox"/>  | 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. (Hearing must be held within thirty (30) days of the date of mailing of this notice.) |  |                                    |                     |
| Time of Hearing   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year) | Location of Hearing |

|   |  |   |  |
|---|--|---|--|
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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  |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |   |  |
| 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. |  |   |  |



**REAL ESTATE IMPROVEMENTS**

State Form 51767 (R8-10-14)

Prescribed by the Department of Local Government Finance

2010 PAY 2011

FORM SB-1 / Real Property

**PRIVACY NOTICE**

Any information concerning the form of the property and specific locations used in individual applications for the property owner is confidential per IC 5-1-12.1-5.1.

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 5-1-12.1-4)  
☐ Residentially distressed area (IC 5-1-12.1-4.1)

**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.
2. 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)

**TAXPAYER INFORMATION**

|  |   |  |
|--|---|--|
| Name of taxpayer<br><b>Gartland Foundry Company, Inc.</b>  |   |  |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>320 Grant St. Terre Haute, IN 47802</b> |   |  |
| Name of contact person<br><b>Jeffrey A. Lewellyn</b>   | Telephone number<br><b>(812) 232-4311</b> | E-mail address<br><b>jalewellyn@wilkinsonlaw.com</b> |

**LOCATION AND DESCRIPTION OF PROPOSED PROJECT**

|   |                                    |
|---|------------------------------------|
| Name of designating body<br><b>Common Council City of Terre Haute</b>   | Resolution number<br><b>2-2015</b> |
| Location of property<br><b>320 Grant St. Terre Haute, IN 47802</b>  | County<br><b>Vigo</b>              |
| Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)<br><b>8,500 square foot addition to existing foundry building.</b> |                                    |
| Estimated start date (month, day, year)<br><b>07/01/2014</b>  |                                    |
| Estimated completion date (month, day, year)<br><b>12/01/2015</b>   |                                    |

**SECTION 2: ESTIMATE OF ENTERPRISE AND SALARIES AS RESULT OF PROPOSED PROJECT**

| Current number | Salaries       | Number retained | Salaries       | Number additional | Salaries     |
|----------------|----------------|-----------------|----------------|-------------------|--------------|
| 128.00         | \$7,500,000.00 | 128.00          | \$7,500,000.00 | 3.00              | \$118,560.00 |

**SECTION 3: ESTIMATED COST OF PROPOSED PROJECT**

| REAL ESTATE IMPROVEMENTS                        |                |
|---|----------------|
|   | ASSESSED VALUE |
| Current values                                  | \$30,800.00    |
| Plus estimated values of proposed project       | 2,300,000.00   |
| Less values of any property being replaced      | 0.00           |
| Net estimated values upon completion of project | 2,330,800.00   |

**SECTION 4: WASTE CONVERTED AND OTHER BENEFITS PROVIDED TO THE TAXPAYER**

|  |  |
|--|--|
| Estimated solid waste converted (pounds) | Estimated hazardous waste converted (pounds) |
|--|--|

Other benefits

**SECTION 5****TAXPAYER CERTIFICATION**

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

Signature of authorized representative

Printed name of authorized representative

Date signed (month, day, year)



We find that the applicant meets the general standards in the resolution described and is not precluded by this code. Said resolution created an abatement schedule under IC 6-1.1-12.1 provides for the following limitations:

- A. The designated area has been limited to a period of time not to exceed \_\_\_\_\_ calendar years. The date this designation expires is \_\_\_\_\_.
- B. The type of deduction that is allowed in the designated area is limited to:  
 1. Redevelopment or rehabilitation of real estate improvements ☐ Yes ☐ No  
 2. Residentially distressed areas ☐ Yes ☐ No
- C. The amount of the deduction applicable is limited to \$ \_\_\_\_\_.
- D. Other limitations or conditions (specify): \_\_\_\_\_.
- E. Number of years allowed ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 (\* see below)  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10
- F. 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.

We have also 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 of designating body) | Telephone number<br>( )  | 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.

- A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. 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. The deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)
- B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. 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. (See IC 6-1.1-12.1-17 below.)

#### 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.

**Review of GATX CF-1 Form for Resolution 16, 2024**

Review of GATX Compliance of Benefits Form for Resolution 16, 2024 was read by digest. Motion was made by Councilperson Dinkel and seconded by Councilperson Thompson to find GATX In Substantial Compliance. Motion carried.

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

State Form 51766 (R3 / 2-13)

Prescribed by the Department of Local Government Finance

**FILED****MAY 15 2025****CITY CLERK**20 25 PAY 20 26

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).

**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).

**CONFIDENTIAL**

| SECTION 1   |  | TAXPAYER INFORMATION                        |  |
|---|--|---|--|
| Name of taxpayer<br><b>GATX CORPORATION</b>   |  | County<br><b>VIGO</b>                       |  |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>222 W ADAMS, CHICAGO, IL 60606</b> |  | DLGF taxing district number<br><b>002</b>   |  |
| Name of contact person<br><b>WILLIAM L GANNON</b>   |  | Telephone number<br><b>( 312 ) 621-6299</b> |  |

| SECTION 2   |  |   | LOCATION AND DESCRIPTION OF PROPERTY                         |  |
|---|--|---|--|--|
| Name of designating body<br><b>CITY OF TERRE HAUTE COMMON COUNCIL</b>   |  | Resolution number<br><b>2024-16</b>                               | Estimated start date (month, day, year)<br><b>08/01/2024</b> |  |
| Location of property<br><b>4400 MAPLE AVENUE, TERRE HAUTE, IN 46704</b>   |  | Actual start date (month, day, year)<br><b>08/01/2024</b>         |  |  |
| Description of real property improvements<br><b>NEW BUILDINGS, LOCKER ROOM, ON-SITE RAIL, INFRASTRUCTURE, AND EQUIPMENT</b> |  | Estimated completion date (month, day, year)<br><b>12/31/2027</b> |  |  |
|   |  | Actual completion date (month, day, year)                         |  |  |

| SECTION 3                      |  |                      |  | EMPLOYEES AND SALARIES |  |
|--------------------------------|--|----------------------|--|------------------------|--|
| EMPLOYEES AND SALARIES         |  | AS ESTIMATED ON SB-1 |  | ACTUAL                 |  |
| Current number of employees    |  | 42                   |  | 49                     |  |
| Salaries                       |  | 2,855,700.00         |  | 3,001,800.00           |  |
| Number of employees retained   |  | 42                   |  | 38                     |  |
| Salaries                       |  | 2,855,700.00         |  | 2,381,800.00           |  |
| Number of additional employees |  | 21                   |  | 11                     |  |
| Salaries                       |  | 755,500.00           |  | 620,000.00             |  |

| SECTION 4                                   |  |                          |  | COST AND VALUES |  |
|---|--|--------------------------|--|-----------------|--|
| COST AND VALUES                             |  | REAL ESTATE IMPROVEMENTS |  |                 |  |
| AS ESTIMATED ON SB-1                        |  | COST                     |  | ASSESSED VALUE  |  |
| Values before project                       |  |                          |  | 1,556,000.00    |  |
| Plus: Values of proposed project            |  |                          |  | 20,523,500.00   |  |
| Less: Values of any property being replaced |  |                          |  |                 |  |
| Net values upon completion of project       |  |                          |  | 22,479,500.00   |  |
| ACTUAL                                      |  | COST                     |  | ASSESSED VALUE  |  |
| Values before project                       |  |                          |  | 1,556,000.00    |  |
| Plus: Values of proposed project            |  |                          |  | 20,523,500.00   |  |
| Less: Values of any property being replaced |  |                          |  |                 |  |
| Net values upon completion of project       |  |                          |  | 22,479,500.00   |  |

| 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>William Gannon</i>       |  | Title<br><b>Senior Director - Indirect Tax</b> |                        | Date signed (month, day, year)<br><b>May 14, 2025</b> |  |



**CONFIDENTIAL****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:

- ☒ 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. (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.

May 14, 2025

Terre Haute City Council  
Attn: Todd Nation  
17 Harding Avenue  
Room 102, City Hall  
Terre Haute, IN 47802

**RE: GATX Corporation Annual Compliance  
Resolutions: 2024-16 and 2024-17**

Council Members,

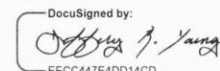
Please find attached our initial compliance forms as required by the terms of our Agreement. At this point in time, we anticipate that our expansion project will continue through 12/31/2027. The following provides an update of our progress on the project to date:

- 38 of the 42 positions that were existing at the time of the abatement have been retained. The decrease is due to either termination or retirement.
- There have been 11 new hires with an average annual salary of \$56,300
- The facility has increased net headcount by 7.

If you have any questions regarding the forms, please do not hesitate to contact Bill Gannon or me.

On behalf of GATX Corporation, I would like to thank you again for your assistance in working with us on the Agreements, and we are looking forward to a long and successful partnership with the City of Terre Haute.

Sincerely,

DocuSigned by:  
  
EECC447E4DD14CD

Jeffery Young  
Vice President and Chief Tax Officer

May 14, 2025

**Review of GATX CF-1 Form for Resolution 17, 2024**

Review of GATX Compliance of Benefits Form for Resolution 17, 2024 was read by digest. Motion was made by Councilperson Loudermilk and seconded by Councilperson Boland to find GATX In Substantial Compliance. Motion carried.

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**COMPLIANCE WITH STATEMENT OF BENEFITS  
PERSONAL PROPERTY**

State Form 51765 (R4 / 11-16)

Prescribed by the Department of Local Government Finance

**CONFIDENTIAL**  
**FORM CF-1 / PP****PRIVACY NOTICE**  
This form contains information  
confidential pursuant to  
IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

- 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 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 (CF-1).

| SECTION 1  |                                | TAXPAYER INFORMATION        |                |
|--|--------------------------------|-----------------------------|----------------|
| Name of taxpayer   | GATX CORPORATION               | County                      | VIGO           |
| Address of taxpayer (number and street, city, state, and ZIP code) | 222 W ADAMS, CHICAGO, IL 60606 | DLGF taxing district number | 002            |
| Name of contact person   | CITY CLERK                     | Telephone number            | (312) 621-6299 |

| SECTION 2  |   | LOCATION AND DESCRIPTION OF PROPERTY         |            |
|--|---|--|------------|
| Name of designating body   | CITY OF TERRE HAUTE COMMON COUNCIL  | Resolution number                            | 2024-17    |
| Location of property   | 4400 MAPLE AVENUE, TERRE HAUTE, IN 46704  | Estimated start date (month, day, year)      | 08/01/2024 |
| Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. | Compressors, piping, cleaning rack, forklifts, welders, tools, blast equipment, cranes hydraulic jacks, and related equipment | Actual start date (month, day, year)         | 08/01/2024 |
|  |   | Estimated completion date (month, day, year) | 12/31/2027 |
|  |   | Actual completion date (month, day, year)    |            |

| SECTION 3                      |  | EMPLOYEES AND SALARIES |              |
|--------------------------------|--|------------------------|--------------|
| EMPLOYEES AND SALARIES         |  | AS ESTIMATED ON SB-1   | ACTUAL       |
| Current number of employees    |  | 42                     | 49           |
| Salaries                       |  | 2,655,700.00           | 3,001,800.00 |
| Number of employees retained   |  | 42                     | 38           |
| Salaries                       |  | 2,655,700.00           | 2,381,800.00 |
| Number of additional employees |  | 21                     | 11           |
| Salaries                       |  | 755,500.00             | 620,000.00   |

| SECTION 4                                   |  | COST AND VALUES         |                |                 |                |                       |                |              |                |
|---|--|-------------------------|----------------|-----------------|----------------|-----------------------|----------------|--------------|----------------|
|   |  | MANUFACTURING EQUIPMENT |                | R & D EQUIPMENT |                | LOGIST DIST EQUIPMENT |                | IT EQUIPMENT |                |
| AS ESTIMATED ON SB-1                        |  | COST                    | ASSESSED VALUE | COST            | ASSESSED VALUE | COST                  | ASSESSED VALUE | COST         | ASSESSED VALUE |
| Values before project                       |  |                         | 934,870.00     |                 |                |                       |                |              |                |
| Plus: Values of proposed project            |  |                         | 2,420,330.00   |                 |                |                       |                |              |                |
| Less: Values of any property being replaced |  |                         |                |                 |                |                       |                |              |                |
| Net values upon completion of project       |  |                         | 3,355,200.00   |                 |                |                       |                |              |                |
| ACTUAL                                      |  | COST                    | ASSESSED VALUE | COST            | ASSESSED VALUE | COST                  | ASSESSED VALUE | COST         | ASSESSED VALUE |
| Values before project                       |  |                         | 934,870.00     |                 |                |                       |                |              |                |
| Plus: Values of proposed project            |  |                         | 2,420,330.00   |                 |                |                       |                |              |                |
| Less: Values of any property being replaced |  |                         |                |                 |                |                       |                |              |                |
| Net values upon completion of project       |  |                         | 3,355,200.00   |                 |                |                       |                |              |                |

**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                                | Designated by: William Garrison | Title                          | Date signed (month, day, year) |
|   |                                 | Senior Director - Indirect Tax | May 14, 2025                   |

**CONFIDENTIAL****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 6-1.1-12.1-5.9)**

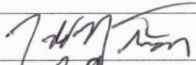
1. This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
2. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner 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)

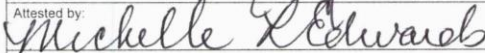
Signature of authorized member



Date signed (month, day, year)

6-5-2025

Attested by:



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 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 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.

**Review of Gavina CF-1 Form for Resolution 10, 2020**

Review of Gavina Compliance of Benefits Form for Resolution 10, 2020 was read by digest. Motion was made by Councilperson Hinton and seconded by Councilperson Boland to find Gavina In Substantial Compliance. Motion carried.

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# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

## PRIVACY NOTICE

This form contains confidential information pursuant to IC 6-1-1-35-9 and IC 6-1-1-12-1-5.6

**CONFIDENTIAL**

FORM CF-1 / PP

2025 PAY 2026

### 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, 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).

**FILED**

| SECTION 1 TAXPAYER INFORMATION  |  |                         |                |                                  |                |   |  |              |                |
|---|--|-------------------------|----------------|----------------------------------|----------------|---|--|--------------|----------------|
| Name of taxpayer<br>Gavina, Inc   |  |                         |                | MAY 14 2025                      |                |   | County<br>Vigo   |              |                |
| Address of Taxpayer (street and number, city, state and ZIP code)<br>1920 18th Street<br>Charleston IL 61920  |  |                         |                | CITY CLERK                       |                |   | DLGF Taxing District Number<br>84002                       |              |                |
| Name of Contact Person<br>Kirby C Johnson   |  |                         |                | Telephone Number<br>217-345-9228 |                |   | Email Address<br>kirby@gavina-graphics.com                 |              |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |  |                         |                |                                  |                |   |  |              |                |
| Name of Designating Body<br>Terre Haute City Council  |  |                         |                | Resolution Number<br>10-2020     |                |   | Estimated Start Date (month, day, year)<br>02/02/2021      |              |                |
| Location of Property 925 Fruitridge Ave<br>Terre Haute IN 47804   |  |                         |                |                                  |                |   | Actual Start Date (month, day, year)<br>02/02/2021         |              |                |
| Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.<br>See attached list of Manufacturing and IT Equipment |  |                         |                |                                  |                |   | Estimated Completion Date (month, day, year)<br>04/30/2021 |              |                |
|   |  |                         |                |                                  |                |   | Actual Completion Date (month, day, year)<br>08/01/2021    |              |                |
| SECTION 3 EMPLOYEES AND SALARIES  |  |                         |                |                                  |                |   |  |              |                |
| EMPLOYEES AND SALARIES  |  |                         |                |                                  |                | AS ESTIMATED ON SB-1                        |  | ACTUAL       |                |
| Current Number of Employees   |  |                         |                |                                  |                |   |  |              |                |
| Salaries  |  |                         |                |                                  |                |   |  |              |                |
| Number of Employees Retained  |  |                         |                |                                  |                |   |  |              |                |
| Salaries  |  |                         |                |                                  |                |   |  |              |                |
| Number of Additional Employees  |  |                         |                |                                  |                | 65  |  | 172          |                |
| Salaries  |  |                         |                |                                  |                | 1,600,000                                   |  | 1,691,421    |                |
| SECTION 4 COST AND VALUES   |  |                         |                |                                  |                |   |  |              |                |
|   |  | MANUFACTURING EQUIPMENT |                | R & D EQUIPMENT                  |                | LOGIST DIST EQUIPMENT                       |  | IT EQUIPMENT |                |
| AS ESTIMATED ON SB-1  |  | COST                    | ASSESSED VALUE | COST                             | ASSESSED VALUE | COST  | ASSESSED VALUE   | COST         | ASSESSED VALUE |
| Values Before Project   |  |                         |                |                                  |                |   |  |              |                |
| Plus: Values of Proposed Project  |  |                         | 1,652,000      |                                  |                |   |  |              | 20,500         |
| Less: Values of Any Property Being Replaced   |  |                         |                |                                  |                |   |  |              |                |
| Net Values Upon Completion of Project   |  |                         | 1,652,000      |                                  |                |   |  |              | 20,500         |
| ACTUAL  |  | COST                    | ASSESSED VALUE | COST                             | ASSESSED VALUE | COST  | ASSESSED VALUE   | COST         | ASSESSED VALUE |
| Values Before Project   |  |                         |                |                                  |                |   |  |              |                |
| Plus: Values of Proposed Project  |  |                         | 1,864,000      |                                  |                |   | 11,500   |              | 61,600         |
| Less: Values of Any Property Being Replaced   |  |                         |                |                                  |                |   |  |              |                |
| Net Values Upon Completion of Project   |  |                         | 1,864,000      |                                  |                |   | 11,500   |              | 61,600         |
| <b>NOTE:</b> 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<br>  |  |                         |                | Title<br>VP/Manager              |                | Date Signed (month, day, year)<br>5/14/2025 |  |              |                |

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

CONFIDENTIAL

Name of taxpayer  
Gavina, Inc

SECTION 5

WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Other benefits:

\$174,000 estimated cost of build out and landscaping converting vacant warehouse space to office and manufacturing space and \$56,000 of new personal property to the City not eligible for tax abatement.

**CONFIDENTIAL**

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

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 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.
3. 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.
4. 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:  |  |  |
| <input checked="" type="checkbox"/>   | The property owner <b>IS</b> in substantial compliance     |  |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |  |
| <input type="checkbox"/>  | Other (specify) _____                                      |  |
| Reasons for the Determination (attach additional sheets if necessary)   |  |  |
| Signature of Authorized Member <i>J. H. Smith</i>   |  | Date Signed (month, day, year) <i>6-5-2025</i> |
| Attested By: <i>Michelle K. Edwards</i>   | Designating Body <i>Terre Haute City Council</i>           |  |
| 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<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM   | Date of Hearing (month, day, year)                         | Location of Hearing                            |
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> 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   |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |  |
| 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 SB-1/PP (R4 / 11-15)

Prescribed by the Department of Local Government Finance

CONFIDENTIAL

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<br>Gavina Inc.  |                 |                        | Name of contact person<br>Bridget K. Johnson   |                         |   |  |                       |  |                     |  |
| Address of taxpayer (number and street, city, state, and ZIP code)<br>1920 18th Street, Charleston, IL 61920   |                 |                        | Telephone number<br>( 217 ) 345-9228           |                         |   |  |                       |  |                     |  |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT   |                 |                        |  |                         |   |  |                       |  |                     |  |
| Name of designating body<br>Terre Haute City Council   |                 |                        | Resolution number (s)<br>[ 10 ]                |                         |   |  |                       |  |                     |  |
| Location of property<br>925 Fruitridge Avenue, Terre Haute, IN 47804   |                 |                        | County<br>Vigo                                 |                         | DLGF taxing district number<br>002-Harrison |  |                       |  |                     |  |
| Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment.<br>(Use additional sheets if necessary.)<br><br>See Exhibit A |                 |                        | ESTIMATED                                      |                         |   |  |                       |  |                     |  |
|  |                 |                        | START DATE                                     |                         | COMPLETION DATE                             |  |                       |  |                     |  |
|  |                 |                        | Manufacturing Equipment                        |                         | 02/02/2021 03/31/2021                       |  |                       |  |                     |  |
|  |                 |                        | R & D Equipment                                |                         |   |  |                       |  |                     |  |
|  |                 |                        | Logist Dist Equipment                          |                         |   |  |                       |  |                     |  |
| IT Equipment   |                 | 02/02/2021 03/31/2021  |  |                         |   |  |                       |  |                     |  |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT   |                 |                        |  |                         |   |  |                       |  |                     |  |
| Current number<br>N/A  | Salaries<br>N/A | Number retained<br>N/A | Salaries<br>N/A                                | Number additional<br>65 | Salaries<br>\$1,600,000.00                  |  |                       |  |                     |  |
| 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   |                 |                        | 0  |                         | 0   |  | 0                     |  | 0                   |  |
| Plus estimated values of proposed project  |                 |                        | 1,652,000                                      |                         | 0   |  | 0                     |  | 20,500              |  |
| Less values of any property being replaced   |                 |                        | 0  |                         | 0   |  | 0                     |  | 0                   |  |
| Net estimated values upon completion of project  |                 |                        | 1,652,000                                      |                         | 0   |  | 0                     |  | 20,500              |  |
| SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER  |                 |                        |  |                         |   |  |                       |  |                     |  |
| Estimated solid waste converted (pounds) 0   |                 |                        | Estimated hazardous waste converted (pounds) 0 |                         |   |  |                       |  |                     |  |
| Other benefits<br>\$174,000 estimated cost of build out and landscaping converting vacant warehouse space to office and manufacturing space and \$56,000 of new personal property to the City not eligible for tax abatement     |                 |                        |  |                         |   |  |                       |  |                     |  |
| SECTION 6 TAXPAYER CERTIFICATION   |                 |                        |  |                         |   |  |                       |  |                     |  |
| I hereby certify that the representations in this statement are true.  |                 |                        |  |                         |   |  |                       |  |                     |  |
| Signature of authorized representative<br>   |                 |                        | Date signed (month, day, year)<br>11-19-2020   |                         |   |  |                       |  |                     |  |
| Printed name of authorized representative<br>Bridget K. Johnson  |                 |                        | Title<br>President                             |                         |   |  |                       |  |                     |  |

# 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 10 calendar years \* (see below). The date this designation expires is N/A. 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18<br>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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |   |

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (One or both lines may be filled out to establish a limit, if desired.)

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

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<br>Number of years approved: _____<br>(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: <u>[Signature]</u><br>(Signature and title of authorized member of designating body) | Telephone number<br><u>(812) 244-2103</u>                   | Date signed (month, day, year)<br><u>01-07-2021</u> |
| Printed name of authorized member of designating body<br><u>O. Earl Elliott</u>                   | Name of designating body<br><u>Terre Haute City Council</u> |   |
| Attested by: <u>[Signature]</u><br>(Signature and title of attester)                              | Printed name of attester<br><u>Michelle L. Edwards</u>      |   |

\* 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.

SB-1

EXHIBIT A

Gavina, Inc. will create 65 new permanent full-time jobs over the next 5 years as follows:

- 1<sup>st</sup> year - 20 new employees
- 2<sup>nd</sup> year - 15 additional new employees
- 3<sup>rd</sup> year - 10 additional new employees
- 4<sup>th</sup> year - 10 additional new employees
- 5<sup>th</sup> year - 10 additional new employees

with combined annual salaries of \$1,600,000.00



Review of Highland Retina Compliance of Benefits Form for Resolution 8, 2020 was read by digest. Motion was made by Councilperson Boland and seconded by Councilperson Chalos to find Highland Retina In Substantial Compliance. Motion carried.

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**FILED**  
**COMPLIANCE WITH STATEMENT OF BENEFITS**  
**PERSONAL PROPERTY**

MAY 09 2025

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

**PRIVACY NOTICE**

This 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**

**2025 PAY 2025**

**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, 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<br>Highland Retina Associates LLC   |  |                         |                |                                  |                | County<br>Vigo   |                |              |                |
| Address of Taxpayer (street and number, city, state and ZIP code)<br>4621 East Margaret Drive<br>Terre Haute IN 47803  |  |                         |                |                                  |                | DLGF Taxing District Number<br>840011                      |                |              |                |
| Name of Contact Person<br>Alexander Izad   |  |                         |                | Telephone Number<br>812-281-2609 |                | Email Address<br>hra@highlandretina.com                    |                |              |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY   |  |                         |                |                                  |                |  |                |              |                |
| Name of Designating Body<br>Terre Haute City Council   |  |                         |                | Resolution Number<br>08-2020     |                | Estimated Start Date (month, day, year)<br>09/01/2020      |                |              |                |
| Location of Property<br>4621 East Margaret Drive<br>Terre Haute IN 47803   |  |                         |                |                                  |                | Actual Start Date (month, day, year)<br>02/01/2022         |                |              |                |
| Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. |  |                         |                |                                  |                | Estimated Completion Date (month, day, year)<br>08/01/2021 |                |              |                |
|  |  |                         |                |                                  |                | Actual Completion Date (month, day, year)<br>02/01/2022    |                |              |                |
| SECTION 3 EMPLOYEES AND SALARIES   |  |                         |                |                                  |                |  |                |              |                |
| EMPLOYEES AND SALARIES   |  |                         |                |                                  |                | AS ESTIMATED ON SB-1                                       |                | ACTUAL       |                |
| Current Number of Employees  |  |                         |                |                                  |                | 13   |                | 29           |                |
| Salaries   |  |                         |                |                                  |                | 650,000  |                | 1,990,283    |                |
| Number of Employees Retained   |  |                         |                |                                  |                | 13   |                | 13           |                |
| Salaries   |  |                         |                |                                  |                | 650,000  |                | 760,000      |                |
| Number of Additional Employees   |  |                         |                |                                  |                | 14   |                | 16           |                |
| Salaries   |  |                         |                |                                  |                | 890,000  |                | 1,230,283    |                |
| SECTION 4 COST AND VALUES  |  |                         |                |                                  |                |  |                |              |                |
|  |  | MANUFACTURING EQUIPMENT |                | R & D EQUIPMENT                  |                | LOGIST DIST EQUIPMENT                                      |                | IT EQUIPMENT |                |
| AS ESTIMATED ON SB-1   |  | COST                    | ASSESSED VALUE | COST                             | ASSESSED VALUE | COST   | ASSESSED VALUE | COST         | ASSESSED VALUE |
| Values Before Project  |  |                         |                |                                  |                |  |                |              |                |
| Plus: Values of Proposed Project   |  |                         |                |                                  | 559,450        |  |                |              | 10,800         |
| Less: Values of Any Property Being Replaced  |  |                         |                |                                  |                |  |                |              |                |
| Net Values Upon Completion of Project  |  |                         |                |                                  | 559,450        |  |                |              | 10,800         |
| ACTUAL   |  | COST                    | ASSESSED VALUE | COST                             | ASSESSED VALUE | COST   | ASSESSED VALUE | COST         | ASSESSED VALUE |
| Values Before Project  |  |                         |                |                                  |                |  |                |              |                |
| Plus: Values of Proposed Project   |  |                         |                |                                  | 442,109        |  |                |              |                |
| Less: Values of Any Property Being Replaced  |  |                         |                |                                  |                |  |                |              |                |
| Net Values Upon Completion of Project  |  |                         |                |                                  | 442,109        |  |                |              |                |
| 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   |  |                         |                | Title<br>CEO                     |                | Date Signed (month, day, year)<br>05/09/2025               |                |              |                |

**CONFIDENTIAL**

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

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 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.
3. 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.
4. 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:  |  |   |  |
| <input checked="" type="checkbox"/>   | The property owner <b>IS</b> in substantial compliance     |   |  |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |   |  |
| <input type="checkbox"/>  | Other (specify) _____                                      |   |  |
| Reasons for the Determination (attach additional sheets if necessary)   |  |   |  |
| Signature of Authorized Member <i>[Signature]</i>   |  |   | Date Signed (month, day, year)<br>6-5-2025 |
| Attested By: <i>Michelle L Edwards</i>  |  | Designating Body<br><i>Terre Haute City Council</i>       |  |
| 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year)                        | Location of Hearing                        |
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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  |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |   |  |
| 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

**CONFIDENTIAL**

**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**

- 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 desires 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 installation of qualifying eligible equipment for which the person desires to claim a deduction.
- 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.
- Property owners whose Statement of Benefits was approved must submit Form CP-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-9.4)
- 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<br><b>HIGHLAND RETINA ASSOCIATES, LLC</b>   |                     |                         | Name of contact person<br><b>Alexander Izad</b> |                     |                       |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>1530 N. 7th Street, Suite 502, Terre Haute, IN 47607</b>  |                     |                         | Telephone number<br><b>(812) 281-2508</b>       |                     |                       |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT   |                     |                         |   |                     |                       |
| Name of designating body<br><b>Terre Haute City Council</b>  |                     |                         | Resolution number(s)                            |                     |                       |
| Location of property<br><b>4821 E. Margaret Dr., Terre Haute, IN 47603</b>   |                     |                         | County<br><b>Vigo</b>                           |                     |                       |
| Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment.<br>(Use additional sheets if necessary) |                     |                         | OLG/Faxing district number<br><b>018-0011</b>   |                     |                       |
|  |                     |                         | ESTIMATED                                       |                     |                       |
|  |                     |                         | START DATE COMPLETION DATE                      |                     |                       |
| Manufacturing Equipment  |                     |                         |   |                     |                       |
| R & D Equipment  |                     |                         | 08/01/2020 08/01/2021                           |                     |                       |
| Logist Dist Equipment  |                     |                         |   |                     |                       |
| IT Equipment   |                     |                         | 08/01/2020 08/01/2021                           |                     |                       |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT   |                     |                         |   |                     |                       |
| Current number   | Salaries            | Number retained         | Salaries  | Number additional   | Salaries              |
| <b>13</b>  | <b>\$650,000.00</b> | <b>13</b>               | <b>\$650,000.00</b>                             | <b>14</b>           | <b>\$1,540,000.00</b> |
| SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT   |                     |                         |   |                     |                       |
| NOTE: Pursuant to IC 6-1.1-12.1-5.1 (c) (2) the COST of the property is confidential.  |                     |                         |   |                     |                       |
|  |                     | MANUFACTURING EQUIPMENT |   | R & D EQUIPMENT     |                       |
|  |                     | COST ASSESSED VALUE     |   | COST ASSESSED VALUE |                       |
| Current values   |                     |                         |   |                     |                       |
| Plus estimated values of proposed project  |                     |                         |   | 959,450             |                       |
| Less values of any property being replaced   |                     |                         |   |                     |                       |
| Net estimated values upon completion of project  |                     |                         |   | 959,450             |                       |
|  |                     |                         |   | 10,800              |                       |
| 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)                  |                     |                       |
| <b>Alexander Izad</b>  |                     |                         | <b>6/18/2020</b>                                |                     |                       |
| Printed name of authorized representative  |                     |                         | Title   |                     |                       |
| <b>Alexander Izad</b>  |                     |                         | <b>Manager</b>                                  |                     |                       |

CONFIDENTIAL

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 10 calendar years \* (see below). The date this designation expires is N/A. 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;
2. Installation of new research and development equipment;
3. Installation of new logistical distribution equipment;
4. Installation of new information technology equipment;

☐ Yes ☒ No ☐ Enhanced Abatement per IC 6-1.1-12.1-18  
☒ Yes ☐ No ☐ Check box if an enhanced abatement was approved for one or more of these types.  
☒ Yes ☐ No

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (One or both lines may be filled out to establish a limit, if desired.)

G. Other limitations or conditions (specify): N/A

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:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Year 6 ☐ Enhanced Abatement per IC 6-1.1-12.1-18  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☒ Year 10 Number of years approved: 10  
(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)

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) |
| <u>George Azar</u>   | <u>(812) 244-2103</u>           | <u>8-6-2020</u>                |
| Printed name of authorized member of designating body                      | Name of designating body        |                                |
| <u>George Azar</u>   | <u>Terre Haute City Council</u> |                                |
| Attested by: (signature and title of attester)                             | Printed name of attester        |                                |
| <u>Michelle L Edwards</u>  | <u>Michelle L Edwards</u>       |                                |

\* 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.

**Review of Highland Retina CF-1 Form for Resolution 9, 2020**

Review of Highland Retina Compliance of Benefits Form for Resolution 9, 2020 was read by digest. Motion was made by Councilperson Dinkel and seconded by Councilperson Boland to find Highland Retina In Substantial Compliance. Motion carried.

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

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

**FILED**

MAY 9 2025

2025 PAY 2025

FORM CF-1 / Real Property

**INSTRUCTIONS:**

1. 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).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. 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))
4. 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).

**CITY CLERK****CONFIDENTIAL****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).

| SECTION 1 TAXPAYER INFORMATION   |                                       |   |
|--|---------------------------------------|---|
| Name of Taxpayer<br>Highland Retina Associates LLC   | County<br>Vigo                        |   |
| Address of Taxpayer (number and street, city, state and ZIP code)<br>1530 N. 7th Street Terre Haute IN 47807 | DLGF Taxing District Number<br>840011 |   |
| Name of Contact Person<br>Alexander Izad, M.D.   | Telephone Number<br>812-281-2608      | Email Address<br>hra@highlandretina.com |

| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |  |   |
|---|--|---|
| Name of Designating Body<br>Terre Haute City Council  | Resolution Number<br>09-2020                               | Estimated Start Date (month, day, year)<br>09/01/2020 |
| Location of Property<br>4621 E. Margaret Drive Terre Haute IN 47803                               | Actual Start Date (month, day, year)<br>09/01/2020         |   |
| Description of Real Property Improvements:<br>Medical Office Building<br>84-10-06-100-014.000-023 | Estimated Completion Date (month, day, year)<br>08/01/2021 |   |
|   | Actual Completion Date (month, day, year)<br>12/31/2021    |   |

| SECTION 3 EMPLOYEES AND SALARIES |                      |           |
|----------------------------------|----------------------|-----------|
| EMPLOYEES AND SALARIES           | AS ESTIMATED ON SB-1 | ACTUAL    |
| Current Number of Employees      | 13                   | 29        |
| Salaries                         | 650,000              | 1,990,283 |
| Number of Employees Retained     | 13                   | 13        |
| Salaries                         | 650,000              | 760,000   |
| Number of Additional Employees   | 14                   | 16        |
| Salaries                         | 890,000              | 1,230,283 |

| SECTION 4 COST AND VALUES                   |      |                |
|---|------|----------------|
| REAL ESTATE IMPROVEMENTS                    |      |                |
| AS ESTIMATED ON SB-1                        | COST | ASSESSED VALUE |
| Values Before Project                       |      |                |
| Plus: Values of Proposed Project            |      | 3,800,000      |
| Less: Values of Any Property Being Replaced |      |                |
| Net Values Upon Completion of Project       |      | 3,800,000      |
| ACTUAL                                      | COST | ASSESSED VALUE |
| Values Before Project                       |      | 2,214,600      |
| Plus: Values of Proposed Project            |      |                |
| Less: Values of Any Property Being Replaced |      |                |
| Net Values Upon Completion of Project       |      | 2,214,600      |

| 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                                | Title<br>CEO | Date Signed (month, day, year)<br>05/09/2025 |

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)

**CONFIDENTIAL**

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:  |                                    |  |
| <input checked="" type="checkbox"/> The Property Owner <b>IS</b> In Substantial Compliance  |                                    |  |
| <input type="checkbox"/> The Property Owner <b>IS NOT</b> In Substantial Compliance   |                                    |  |
| <input type="checkbox"/> Other (specify) _____  |                                    |  |
| Reasons for the Determination (attach additional sheets if necessary)   |                                    |  |
| Signature of Authorized Member<br><i>[Signature]</i>  |                                    | Date Signed (month, day, year)<br>10-5-2025  |
| Attested By:<br><i>Michelle Edwards</i>   |                                    | Designating Body<br>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<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM   | Date of Hearing (month, day, year) | Location of Hearing                          |
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |                                    |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied (see instruction 4 above)   |                                    |  |
| Reasons for Determination (attach additional sheets if necessary)   |                                    |  |
| Signature of Authorized Member  |                                    | Date Signed (month, day, year)               |
| Attested By:  |                                    | Designating Body                             |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |                                    |  |
| 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.          |                                    |  |



CONFIDENTIAL



STATEMENT OF BENEFITS  
REAL ESTATE IMPROVEMENTS

State Form 51767 (R9 / 10-14)

Prescribed by the Department of Local Government Finance

CONFIDENTIAL

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)

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.
2. 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)

|   |
|---|
| 20__ PAY 20__   |
| FORM SB-1 / Real Property   |
| <b>PRIVACY NOTICE</b>   |
| 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. |

| SECTION 1 TAXPAYER INFORMATION   |                          |                                      |  |  |                          |
|--|--------------------------|--------------------------------------|--|--|--------------------------|
| Name of taxpayer<br>HIGHLAND RETINA ASSOCIATES, LLC  |                          |                                      |  |  |                          |
| Address of taxpayer (number and street, city, state, and ZIP code)<br>1530 N. 7th Street, Terre Haute, IN 47807  |                          |                                      |  |  |                          |
| Name of contact person<br>Alexander Izad, M.D.   |                          | Telephone number<br>( 812 ) 281-2608 |  | E-mail address<br>hra@highlandretina.com                   |                          |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT   |                          |                                      |  |  |                          |
| Name of designating body<br>Terre Haute City Council   |                          |                                      |  | Resolution number  |                          |
| Location of property<br>4621 E. Margaret Drive, Terre Haute, IN 47803  |                          | County<br>Vigo                       |  | DLGF taxing district number<br>018-0011                    |                          |
| Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary) |                          |                                      |  | Estimated start date (month, day, year)<br>09/01/2020      |                          |
|  |                          |                                      |  | Estimated completion date (month, day, year)<br>08/01/2021 |                          |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT                                       |                          |                                      |  |  |                          |
| Current number<br>13.00  | Salaries<br>\$850,000.00 | Number retained<br>13.00             | Salaries<br>\$650,000.00                     | Number additional<br>14.00                                 | Salaries<br>\$890,000.00 |
| SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT   |                          |                                      |  |  |                          |
|  |                          |                                      | REAL ESTATE IMPROVEMENTS                     |  |                          |
|  |                          |                                      | COST   | ASSESSED VALUE   |                          |
| Current values   |                          |                                      |  |  |                          |
| Plus estimated values of proposed project  |                          |                                      |  | 3,600,000.00   |                          |
| Less values of any property being replaced   |                          |                                      |  |  |                          |
| Net estimated values upon completion of project  |                          |                                      |  | 3,600,000.00   |                          |
| 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)<br>6/19/2020                |                          |
| Printed name of authorized representative<br>Alexander Izad  |                          |                                      |  | Title<br>Manager   |                          |



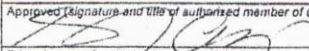
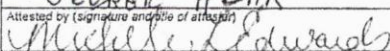
CONFIDENTIAL CONFIDENTIAL

FOR USE OF THE DESIGNATING BODY

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

- 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 N/A.
- B. The type of deduction that is allowed in the designated area is limited to:
1. Redevelopment or rehabilitation of real estate improvements ☐ Yes ☐ No
  2. Residentially distressed areas ☐ Yes ☒ No
- C. The amount of the deduction applicable is limited to \$ N/A.
- D. Other limitations or conditions (specify) N/A.
- E. Number of years allowed: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 (\* see below)  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☒ Year 10
- F. 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.

We have also 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 of designating body)           | Telephone number                          | Date signed (month, day, year) |
|  | (812) 244-2103                            | AUGUST 6, 2020                 |
| Printed name of authorized member of designating body                             | Name of designating body                  |                                |
| GEORGE AZAR   | COMMON COUNCIL OF THE CITY OF TERRE HAUTE |                                |
| Attested by (signature and title of attester)                                     | Printed name of attester                  |                                |
|  | MICHELLE EDWARDS                          |                                |

\* 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.

- A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. 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. The deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)
- B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. 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. (See IC 6-1.1-12.1-17 below.)

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.

**Review of Historic Walnut Square CF-1 Form for Resolution 3, 2020**

Review of Historic Walnut Square Compliance of Benefits Form for Resolution 3, 2020 was read by digest. Motion was made by Councilperson Thompson and seconded by Councilperson Chalos to find Historic Walnut Square In Substantial Compliance. Motion carried.

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

State Form 51768 (R3 / 2-13)

Prescribed by the Department of Local Government Finance

FILED

MAY 12 2025

CITY CLERK

CONFIDENTIAL

20 25 PAY 20 26

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).

**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>Historic Walnut Square LLC</b>   |  | County<br><b>Vigo</b>   |  |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>2501 Parmenter St., Ste. 300B Middleton, WI 53562</b>  |  | DLGF taxing district number                                       |  |
| Name of contact person<br><b>Michael Sellers</b>  |  | Telephone number<br><b>( 512 ) 919-0263</b>                       |  |
| SECTION 2   |  | LOCATION AND DESCRIPTION OF PROPERTY                              |  |
| Name of designating body<br><b>City of Terre Haute, IN</b>  |  | Resolution number<br><b>Resolution 3, 2000</b>                    | Estimated start date (month, day, year)<br><b>05/15/2000</b> |
| Location of property<br><b>200 S Sixth Street Terre Haute, IN 47807</b>   |  | Actual start date (month, day, year)                              |  |
| Description of real property improvements<br><b>Adaptive reuse of the historic YMCA building into 34 units and and additional 8 new construction townhouse style units of affordable rental housing for residents earning 60% or less of AML.</b> |  | Estimated completion date (month, day, year)<br><b>09/30/2021</b> |  |
|   |  | Actual completion date (month, day, year)<br><b>11/14/2021</b>    |  |
| SECTION 3   |  | EMPLOYEES AND SALARIES  |  |
|   |  | AS ESTIMATED ON SB-1  | ACTUAL   |
| Current number of employees   |  | <b>1</b>  | <b>2</b>   |
| Salaries  |  |   | <b>69,000.00</b>   |
| Number of employees retained  |  | <b>1</b>  | <b>2</b>   |
| Salaries  |  |   | <b>69,000.00</b>   |
| Number of additional employees  |  |   |  |
| Salaries  |  |   |  |
| SECTION 4   |  | COST AND VALUES   |  |
| COST AND VALUES   |  | REAL ESTATE IMPROVEMENTS  |  |
| AS ESTIMATED ON SB-1  |  | COST  | ASSESSED VALUE   |
| Values before project   |  |   | <b>210,000.00</b>  |
| Plus: Values of proposed project  |  |   | <b>925,110.00</b>  |
| Less: Values of any property being replaced   |  |   |  |
| Net values upon completion of project   |  |   | <b>1,135,110.00</b>  |
| ACTUAL  |  | COST  | ASSESSED VALUE   |
| Values before project   |  |   | <b>363,400.00</b>  |
| Plus: Values of proposed project  |  |   | <b>1,832,300.00</b>  |
| Less: Values of any property being replaced   |  |   |  |
| Net values upon completion of project   |  |   | <b>2,195,700.00</b>  |
| SECTION 5   |  | WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER       |  |
|   |  | 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><b>[Signature]</b>  |  | Title<br><b>Principal</b>   | Date signed (month, day, year)<br><b>5/7/2025</b>            |



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:

- ☒ 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. (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.



May 7, 2025

Michelle Edwards  
City Council Clerk  
City of Terre Haute  
Terre Haute, IN 47807

RE: Historic Walnut Square, LLC  
Form CF-1/Real Property

Dear Ms. Edwards,

Please find enclosed the completed CF-1 Form for Historic Walnut Square, LLC. Our firm was engaged to assist Historic Walnut Square, LLC to complete and mail in the enclosed form for the property located at:

200 S. Sixth Street Terre Haute, IN 47807

Please let me or Michael Sellers, [m.sellers@commonwealthco.net](mailto:m.sellers@commonwealthco.net), know if there are any questions or any additional information needed. Thank you for your assistance in this matter.

Sincerely,

Shaunna Smith  
Director, Client Relations  
Direct: (480) 615-3375

[ShaunnaS@pivotaltax.com](mailto:ShaunnaS@pivotaltax.com) | [pivotaltax.com](http://pivotaltax.com)

TEL: (480) 634-6169

1550 E. McKellips Road, Suite 123  
Mesa, Arizona 85203

FAX: (480) 615-0318

**Review of Hydrite Chemical CF-1 Form for Resolution 2, 2022**

Review of Hydrite Chemical Compliance of Benefits Form for Resolution 2, 2022 was read by digest. Motion was made by Councilperson Loudermilk and seconded by Councilperson Chalos to find Hydrite Chemical In Substantial Compliance. Motion carried.

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

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

FILED

JUN 05 2025

20 25 PAY 20 26

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).

## INSTRUCTIONS:

1. 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).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. 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))
4. 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).

**CONFIDENTIAL**

| SECTION 1 TAXPAYER INFORMATION   |                                      |   |
|--|--------------------------------------|---|
| Name of Taxpayer<br>Hydrite Chemical Co  |                                      | County<br>Vigo  |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br>17385 Golf Parkway, Brookfield, WI 53045                                     |                                      | DILGF Taxing District Number<br>84-002                    |
| Name of Contact Person<br>Nathan McCarthy  | Telephone Number<br>(262) 792-1450   | Email Address<br>nathan.mccarthy@hydrite.com              |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY   |                                      |   |
| Name of Designating Body<br>Terre Haute City Council   | Resolution Number<br>2, 2022         | Estimated Start Date (month, day, year)<br>3/15/2022      |
| Location of Property<br>2200 South 13th St, Terre Haute, IN 47802 and 1260 Lockport Rd, Terre Haute, IN 47802                                      |                                      | Actual Start Date (month, day, year)<br>3/15/2022         |
| Description of Real Property Improvements<br>Construction of a fertilizer manufacturing facility with new technology                               |                                      | Estimated Completion Date (month, day, year)<br>8/31/2022 |
|  |                                      | Actual Completion Date (month, day, year)<br>10/31/2023   |
| SECTION 3 EMPLOYEES AND SALARIES   |                                      |   |
| EMPLOYEES AND SALARIES   | AS ESTIMATED ON SB-1                 | ACTUAL  |
| Current Number of Employees  | 45                                   | 55  |
| Salaries   | 2,720,000                            | 3,833,648.89  |
| Number of Employees Retained   | 45                                   | 45  |
| Salaries   | 2,720,000                            | 3,136,821.82  |
| Number of Additional Employees   | 14                                   | 10  |
| Salaries   | 830,000                              | 687,027.07  |
| 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   |                                      | \$  |
| Less: Values of Any Property Being Replaced  |                                      | \$  |
| Net Values Upon Completion of Project  |                                      | \$  |
| 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 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  | 0                                    | 0   |
| Amount of Hazardous Waste Converted  | 0                                    | 0   |
| Other Benefits: Significant employment benefits; reduction of contaminated ground; new personal property not eligible for tax abatement; 2,550,000 |                                      |   |
| SECTION 6 TAXPAYER CERTIFICATION   |                                      |   |
| I hereby certify that the representations in this statement are true.  |                                      |   |
| Signature of Authorized Representative<br>   | Title<br>Exec Director - Acctg & Tax | Date Signed (month, day, year)<br>5/13/25                 |

CONFIDENTIAL

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)

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, 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.
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, 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:  |  |  |                     |
| <input checked="" type="checkbox"/>   |  | The Property Owner <b>IS</b> in Substantial Compliance     |                     |
| <input type="checkbox"/>  |  | The Property Owner <b>IS NOT</b> in Substantial Compliance |                     |
| <input type="checkbox"/>  |  | Other (specify) _____                                      |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |  |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)                             |                     |
| Attested By   |  | Designating Body   |                     |
| Michelle R Edwards  |  | 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year)                         | Location of Hearing |

|   |  |   |  |
|---|--|---|--|
| HEARING RESULTS (to be completed after the hearing)   |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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  |  |
|   |  | Terre Haute City Council                                  |  |
| 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  
REAL ESTATE IMPROVEMENTS**

State Form 51787 (R6 / 10-14)

Prescribed by the Department of Local Government Finance

**CONFIDENTIAL**

20 22 PAY 20 23

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.

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)

**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.
2. 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.

| SECTION 1  |                                   | TAXPAYER INFORMATION                                     |   |
|--|-----------------------------------|--|---|
| Name of taxpayer<br><b>Hydrite Chemical Co.</b>  |                                   |  |   |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>17385 Golf Parkway, Brookfield, WI 53045</b>  |                                   |  |   |
| Name of contact person<br><b>Shawn Banagis</b>   |                                   | Telephone number<br><b>(262) 373-9972</b>                | E-mail address<br><b>shawn.banagis@hydrite.com</b>                |
| SECTION 2  |                                   | LOCATION AND DESCRIPTION OF PROPOSED PROJECT             |   |
| Name of designating body<br><b>Terre Haute City Council</b>  |                                   |  |   |
| Location of property<br><b>2200 South 13th Street, Terre Haute, Indiana 47802 and 1280 Lockport Rd. Ia</b>   |                                   | County<br><b>Vigo</b>                                    | Resolution number<br><b>2, 2022</b>                               |
| Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)<br><b>Construction of a fertilizer manufacturing facility with new technology</b>                                       |                                   | DIGF taxing district number<br><b>64-002</b>             | Estimated start date (month, day, year)<br><b>03/15/2022</b>      |
|  |                                   |  | Estimated completion date (month, day, year)<br><b>08/31/2022</b> |
| SECTION 3  |                                   |  |   |
| ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT   |                                   |  |   |
| Current number<br><b>45.00</b>   | Salaries<br><b>\$2,720,000.00</b> | Number retained<br><b>45.00</b>                          | Salaries<br><b>\$2,720,000.00</b>                                 |
|  |                                   | Number additional<br><b>14.00</b>                        | Salaries<br><b>\$830,000.00</b>                                   |
| SECTION 4  |                                   |  |   |
| ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT   |                                   |  |   |
|  |                                   | REAL ESTATE IMPROVEMENTS                                 |   |
|  |                                   | COST   | ASSESSED VALUE  |
| Current values   |                                   |  | 1,485,800.00  |
| Plus estimated values of proposed project  |                                   |  | 7,200,000.00  |
| Less values of any property being replaced   |                                   |  | 43,400.00   |
| Net estimated values upon completion of project  |                                   |  | 8,642,400.00  |
| SECTION 5  |                                   |  |   |
| WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER  |                                   |  |   |
| Estimated solid waste converted (pounds) <b>0.00</b>   |                                   | Estimated hazardous waste converted (pounds) <b>0.00</b> |   |
| Other benefits<br>Significant employment benefits; reclamation of contaminated ground; new personal property not eligible for tax abatement; \$2,550,000 in tanks (cost) part of project but for which abatement of taxes is not sought. |                                   |  |   |
| SECTION 6  |                                   |  |   |
| TAXPAYER CERTIFICATION   |                                   |  |   |
| I hereby certify that the representations in this statement are true.  |                                   |  |   |
| Signature of authorized representative<br><i>[Signature]</i>   |                                   | Date signed (month, day, year)<br><b>4/4/22</b>          |   |
| Printed name of authorized representative<br><b>Jim Huebner</b>  |                                   | Title<br><b>CFO</b>                                      |   |



FOR USE OF THE DESIGNATING BODY

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

- 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 N/A.
- B. The type of deduction that is allowed in the designated area is limited to:  
 1. Redevelopment or rehabilitation of real estate improvements ☒ Yes ☐ No  
 2. Residentially distressed areas ☐ Yes ☒ No
- C. The amount of the deduction applicable is limited to \$ N/A.
- D. Other limitations or conditions (specify) N/A.
- E. Number of years allowed: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 (\* see below)  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☒ Year 10
- F. 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.

We have also 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 of designating body)<br><i>[Signature]</i> | Telephone number<br>( )                                     | Date signed (month, day, year)<br><u>03-03-2022</u> |
| Printed name of authorized member of designating body<br><b>CHERYL LOUDERMILK</b>             | Name of designating body<br><b>TERRE HAUTE CITY COUNCIL</b> |   |
| Attested by (signature and title of attester)<br><i>[Signature]</i>                           | Printed name of attester<br><b>MICHELLE L. EDWARDS</b>      |   |

\* 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.

- A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. 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. The deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)
- B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. 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. (See IC 6-1.1-12.1-17 below.)

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.

**Review of Hydrite Chemical CF-1 Form for Resolution 3, 2022**

Review of Hydrite Chemical Compliance of Benefits Form for Resolution 3, 2022 was read by digest. Motion was made by Councilperson Thompson and seconded by Councilperson Chalos to find Hydrite Chemical In Substantial Compliance. Motion carried.

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**COMPLIANCE WITH STATEMENT OF BENEFITS FILED  
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

**PRIVACY NOTICE**

This 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**

2025 Pay 2026

JUN 05 2025

**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 6-1.1-35-9).
  2. This form must be filed with the Form 103-ERA Schedule of Deduction 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<br><b>Hydrite Chemical Co.</b>   |                                |                       |   |   |  | County<br><b>Vigo</b>  |  |                       |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br><b>17385 Golf Parkway, Brookfield, WI 53045</b>   |                                |                       |   |   |  | DLGF Taxing District Number<br><b>84-002</b>                     |  |                       |
| Name of Contact Person<br><b>Nathan McCarthy</b>  |                                |                       |   | Telephone Number<br><b>(262) 792-1450</b>       |  | Email Address<br><b>nathan.mccarthy@hydrite.com</b>              |  |                       |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |                                |                       |   |   |  |  |  |                       |
| Name of Designating Body<br><b>Terre Haute City Council</b>   |                                |                       |   | Resolution Number<br><b>3, 2022</b>             |  | Estimated State Date (month, day, year)<br><b>3/15/2022</b>      |  |                       |
| Location of Property<br><b>2200 South 13th St, Terre Haute, IN 47802 and 1260 Lockport Rd, Terre Haute, IN 47802</b>  |                                |                       |   |   |  | Actual Start Date (month, day, year)<br><b>3/15/2022</b>         |  |                       |
| Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.<br><b>Sulfur burner, ABS, and ATS processing equipment</b> |                                |                       |   |   |  | Estimated Completion Date (month, day, year)<br><b>8/31/2022</b> |  |                       |
|   |                                |                       |   |   |  | Actual Completion Date (month, day, year)<br><b>10/31/2023</b>   |  |                       |
| SECTION 3 EMPLOYEES AND SALARIES  |                                |                       |   |   |  |  |  |                       |
| <b>EMPLOYEES AND SALARIES</b>   |                                |                       |   | <b>AS ESTIMATED ON SB-1</b>                     |  |  | <b>ACTUAL</b>                                    |                       |
| Current Number of Employees   |                                |                       |   | 45  |  |  | 55   |                       |
| Salaries  |                                |                       |   | 2,720,000                                       |  |  | 3,833,648.89                                     |                       |
| Number of Employees Retained  |                                |                       |   | 45  |  |  | 45   |                       |
| Salaries  |                                |                       |   | 2,720,000                                       |  |  | 3,136,621.82                                     |                       |
| Number of Additional Employees  |                                |                       |   | 14  |  |  | 10   |                       |
| Salaries  |                                |                       |   | 830,000   |  |  | 697,027.07                                       |                       |
| SECTION 4 COST AND VALUES   |                                |                       |   |   |  |  |  |                       |
|   | <b>MANUFACTURING EQUIPMENT</b> |                       | <b>RESEARCH &amp; DEVELOPMENT EQUIPMENT</b> |   | <b>LOGISTICAL DISTRIBUTION EQUIPMENT</b> |  | <b>IT EQUIPMENT</b>                              |                       |
| <b>AS ESTIMATED ON SB-1</b>   | <b>COST</b>                    | <b>ASSESSED VALUE</b> | <b>COST</b>                                 | <b>ASSESSED VALUE</b>                           | <b>COST</b>                              | <b>ASSESSED VALUE</b>  | <b>COST</b>                                      | <b>ASSESSED VALUE</b> |
| Values Before Project   |                                | \$                    |   | \$  |  | \$   |  | \$                    |
| Plus: Values of Proposed Project  |                                | \$ 21,000,000         |   | \$  |  | \$   |  | \$                    |
| Less: Values of Any Property Being Replaced   |                                | \$                    |   | \$  |  | \$   |  | \$                    |
| Net Values Upon Completion of Project   |                                | \$ 21,000,000         |   | \$  |  | \$   |  | \$                    |
| <b>ACTUAL</b>   | <b>COST</b>                    | <b>ASSESSED VALUE</b> | <b>COST</b>                                 | <b>ASSESSED VALUE</b>                           | <b>COST</b>                              | <b>ASSESSED VALUE</b>  | <b>COST</b>                                      | <b>ASSESSED VALUE</b> |
| Values Before Project   |                                | \$                    |   | \$  |  | \$   |  | \$                    |
| Plus: Values of Proposed Project  |                                | \$                    |   | \$  |  | \$   |  | \$                    |
| Less: Values of Any Property Being Replaced   |                                | \$                    |   | \$  |  | \$   |  | \$                    |
| Net Values Upon Completion of Project   |                                | \$                    |   | \$  |  | \$   |  | \$                    |
| <b>NOTE:</b> The <b>COST</b> 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   |                                |                       |   |   |  |  |  |                       |
| <b>WASTE CONVERTED AND OTHER BENEFITS</b>   |                                |                       |   | <b>AS ESTIMATED ON SB-1</b>                     |  |  | <b>ACTUAL</b>                                    |                       |
| Amount of Solid Waste Converted   |                                |                       |   | 0   |  |  | 0  |                       |
| Amount of Hazardous Waste Converted   |                                |                       |   | 0   |  |  | 0  |                       |
| Other Benefits:<br><b>Significant employment benefits; reclamation of contaminated</b>  |                                |                       |   |   |  |  |  |                       |
| SECTION 6 TAXPAYER CERTIFICATION  |                                |                       |   |   |  |  |  |                       |
| I hereby certify that the representations in this statement are true.   |                                |                       |   |   |  |  |  |                       |
| Signature of Authorized Representative<br>  |                                |                       |   | Title<br><b>Exec Director - Acctg &amp; Tax</b> |  |  | Date Signed (month, day, year)<br><b>5/13/25</b> |                       |



CONFIDENTIAL

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:  |  |                                    |                     |
| <input checked="checked" type="checkbox"/>  | The property owner <b>IS</b> in substantial compliance     |                                    |                     |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |                                    |                     |
| <input type="checkbox"/>  | Other (specify) _____                                      |                                    |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |                                    |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)     |                     |
| [Signature]   |  | 6-5-2025                           |                     |
| Attested By   |  | Designating Body                   |                     |
| Michelle K Edwards  |  | 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   |  | Date of Hearing (month, day, year) | Location of Hearing |
| <input type="checkbox"/> AM<br><input type="checkbox"/> PM  |  |                                    |                     |

|   |  |   |  |
|---|--|---|--|
| HEARING RESULTS (to be completed after the hearing)   |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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 51784 (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.

**CONFIDENTIAL****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.
- 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.
- 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.
- 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)
- 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<br>Hydrite Chemical Co.   |           |                         | Name of contact person<br>Shawn Banagis  |                   |                |  |                |              |                |  |  |
| Address of taxpayer (number and street, city, state, and ZIP code)<br>17385 Golf Parkway, Brookfield, WI 53045   |           |                         | Telephone number<br>(262) 373-9972       |                   |                |  |                |              |                |  |  |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT   |           |                         |  |                   |                |  |                |              |                |  |  |
| Name of designating body<br>Terre Haute City Council   |           |                         | Resolution number (s)<br>3, 2022         |                   |                |  |                |              |                |  |  |
| Location of property<br>2200 South 13th Street, & 2400 Erie Canal Rd., Terre Haute, IN 47807   |           |                         | County<br>Vigo                           |                   |                |  |                |              |                |  |  |
| Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment.<br>(Use additional sheets if necessary.)<br>Suffer-Burner, ABS & ATs processing equipment |           |                         | OLGF taxing district number<br>84-002    |                   |                |  |                |              |                |  |  |
|  |           |                         | ESTIMATED                                |                   |                |  |                |              |                |  |  |
|  |           |                         | START DATE                               |                   |                |  |                |              |                |  |  |
|  |           |                         | COMPLETION DATE                          |                   |                |  |                |              |                |  |  |
|  |           |                         | Manufacturing Equipment                  |                   |                | 03/15/2022                                   | 08/31/2022     |              |                |  |  |
| R & D Equipment  |           |                         |  |                   |                |  |                |              |                |  |  |
| Logist Dist Equipment  |           |                         |  |                   |                |  |                |              |                |  |  |
| IT Equipment   |           |                         |  |                   |                |  |                |              |                |  |  |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT   |           |                         |  |                   |                |  |                |              |                |  |  |
| Current number   | Salaries  | Number retained         | Salaries                                 | Number additional | Salaries       |  |                |              |                |  |  |
| 45   | 2,720,000 | 45                      | 2,720,000                                | 14                | 830,000        |  |                |              |                |  |  |
| SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT   |           |                         |  |                   |                |  |                |              |                |  |  |
| NOTE: Pursuant to IC 6-1.1-12.1-5.1 (4) (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   |           |                         | 0  |                   |                |  |                |              |                |  |  |
| Plus estimated values of proposed project  |           |                         | 21,000,000                               |                   |                |  |                |              |                |  |  |
| Less values of any property being replaced   |           |                         | 0  |                   |                |  |                |              |                |  |  |
| Net estimated values upon completion of project  |           |                         | 21,000,000                               |                   |                |  |                |              |                |  |  |
| SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER  |           |                         |  |                   |                |  |                |              |                |  |  |
| Estimated solid waste converted (pounds)   |           |                         | 0  |                   |                | Estimated hazardous waste converted (pounds) |                |              | 0              |  |  |
| Other benefits:<br>Significant employment benefits; reclamation of contaminated ground; new personal property not eligible for tax abatement<br>\$2,550,000 in tanks (cost) part of project but for which abatement of taxes not sought                      |           |                         |  |                   |                |  |                |              |                |  |  |
| SECTION 6 TAXPAYER CERTIFICATION   |           |                         |  |                   |                |  |                |              |                |  |  |
| I hereby certify that the representations in this statement are true.  |           |                         |  |                   |                |  |                |              |                |  |  |
| Signature of authorized representative<br><i>[Signature]</i>   |           |                         | Date signed (month, day, year)<br>1/4/12 |                   |                |  |                |              |                |  |  |
| Printed name of authorized representative<br>Jim Aurbach   |           |                         | Title<br>CFO                             |                   |                |  |                |              |                |  |  |



**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 10 calendar years\* (see below). The date this designation expires is N/A. 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18<br>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 \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (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 \$ N/A cost with an assessed value of \$ N/A. (One or both lines may be filled out to establish a limit, if desired.)

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

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<br>Number of years approved: _____<br>(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)<br><u>Cheryl L. Loudermilk</u> | Telephone number<br><u>(812) 244 2103</u>                   | Date signed (month, day, year)<br><u>03-03-2012</u> |
| Printed name of authorized member of designating body<br><u>CHERYL LOUDERMILK</u>                         | Name of designating body<br><u>TERRE HAUTE CITY COUNCIL</u> |   |
| Attested by (signature and title of attester)<br><u>Michelle L. Edwards</u>                               | Printed name of attester<br><u>MICHELLE L. EDWARDS</u>      |   |

\* 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.



**Review of KJB Holding CF-1 Form for Resolution 11, 2020**

Review of KJB Holding Compliance of Benefits Form for Resolution 11, 2020 was read by digest. Motion was made by Councilperson Dinkel and seconded by Councilperson Thompson to find KJB Holding In Substantial Compliance. Motion carried.

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

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

FILED

MAY 12 2025

**CONFIDENTIAL**

20 \_\_\_\_ PAY 20 \_\_\_\_

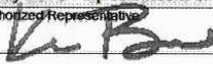
FORM CF-1 / Real Property

**CITY CLERK****INSTRUCTIONS:**

1. 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).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. 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))
4. 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).

| SECTION 1 TAXPAYER INFORMATION  |                                     |  |
|---|-------------------------------------|--|
| Name of Taxpayer<br>KJB HOLDING COMPANY LLC   |                                     | County<br>VIGO   |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br>4559 HULMAN ST, TERRE HAUTE, IN 47803                   |                                     | DLG Taxing District Number<br>84-002                       |
| Name of Contact Person<br>KEVIN BENNETT   | Telephone Number<br>(812 ) 249-1842 | Email Address<br>kevin@ezmailingllc.com                    |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |                                     |  |
| Name of Designating Body<br>TERRE HAUTE CITY COUNCIL  | Resolution Number<br>11             | Estimated Start Date (month, day, year)<br>06/01/2021      |
| Location of Property<br>1300 OHIO ST, TERRE HAUTE, IN 47807   |                                     | Actual Start Date (month, day, year)<br>07/01/2021         |
| Description of Real Property Improvements<br>CONSTRUCTED 5600 SQ FT BUILDING  |                                     | Estimated Completion Date (month, day, year)<br>08/01/2021 |
| Actual Completion Date (month, day, year)<br>12/01/2021   |                                     |  |
| SECTION 3 EMPLOYEES AND SALARIES  |                                     |  |
| EMPLOYEES AND SALARIES  | AS ESTIMATED ON SB-1                | ACTUAL   |
| Current Number of Employees   | 0                                   | 0  |
| Salaries  | 0.00                                | 0.00   |
| Number of Employees Retained  | 0                                   | 0  |
| Salaries  | 0.00                                | 0.00   |
| Number of Additional Employees  | 11                                  | 14   |
| Salaries  | 400,000.00                          | 470,015  |
| SECTION 4 COST AND VALUES   |                                     |  |
| COST AND VALUES   | REAL ESTATE IMPROVEMENTS            |  |
| AS ESTIMATED ON SB-1  | COST                                | ASSESSED VALUE   |
| Values Before Project   |                                     | \$ 13,000  |
| Plus: Values of Proposed Project  |                                     | \$   |
| Less: Values of Any Property Being Replaced   |                                     | \$   |
| Net Values Upon Completion of Project   |                                     | \$   |
| 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   |                                     | \$ 463,600.00  |
| 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> | Title<br>PRESIDENT                  | Date Signed (month, day, year)<br>5/3/25                   |

**CONFIDENTIAL**

**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)

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, 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.
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, 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:  |  |
| <input checked="checked" type="checkbox"/>  | The Property Owner <b>IS</b> in Substantial Compliance     |
| <input type="checkbox"/>  | The Property Owner <b>IS NOT</b> in Substantial Compliance |
| <input type="checkbox"/>  | Other (specify) _____                                      |
| Reasons for the Determination (attach additional sheets if necessary)   |  |
|   |  |
| Signature of Authorized Member <i>J. H. H. H.</i>   |  |
| Date Signed (month, day, year) <i>6-5-2025</i>  |  |
| Attested By <i>Michelle Redwards</i>  |  |
| Designating Body<br><b>TERRE HAUTE CITY COUNCIL</b>   |  |
| 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   | Date of Hearing (month, day, year)                         |
| <input type="checkbox"/> AM<br><input type="checkbox"/> PM  | Location of Hearing  |

|   |   |
|---|---|
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |   |
| <input type="checkbox"/> Approved   | <input type="checkbox"/> 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<br><b>TERRE HAUTE CITY COUNCIL</b>   |   |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |   |
| 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. |   |



**Review of KJB Holding CF-1 Form for Resolution 12, 2020**

Review of KJB Holding Compliance of Benefits Form for Resolution 12, 2020 was read by digest. Motion was made by Councilperson Thompson and seconded by Councilperson Loudermilk to find KJB Holding In Substantial Compliance. Motion carried.

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**COMPLIANCE WITH STATEMENT OF BENEFITS  
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

**PRIVACY NOTICE**This form contains confidential  
information pursuant to  
IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.**CONFIDENTIAL****FORM CF-1 / PP****20\_\_ Pay 20\_\_**

- 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, 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<br><b>KJB HOLDINGS COMPANY/KJB ENTERPRISES LLC</b>  |  | County<br><b>VIGO</b>   |  |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br><b>4559 E HULMAN ST</b>  |  | DLGF Taxing District Number<br><b>84-002</b>                      |  |
| Name of Contact Person<br><b>KEVIN BENNETT</b>   |  | Telephone Number<br><b>(812) 249-1842</b>                         |  |
| City Clerk<br><b>CITY CLERK</b>  |  | Email Address<br><b>kevin@ezmailingllc.com</b>                    |  |
| SECTION 2  |  | LOCATION AND DESCRIPTION OF PROPERTY                              |  |
| Name of Designating Body<br><b>TERRE HAUTE CITY COUNCIL</b>  |  | Resolution Number<br><b>12</b>                                    |  |
| Location of Property<br><b>1300 OHIO ST, TERRE HAUTE, IN 47807</b>   |  | Estimated State Date (month, day, year)<br><b>06/01/2021</b>      |  |
| Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.<br><b>2 Double bed large format printer, large format cutter, 30" Perfecta cutter, shrink</b> |  | Actual Start Date (month, day, year)<br><b>07/01/2021</b>         |  |
|  |  | Estimated Completion Date (month, day, year)<br><b>08/01/2021</b> |  |
|  |  | Actual Completion Date (month, day, year)<br><b>12/01/2021</b>    |  |
| SECTION 3  |  | EMPLOYEES AND SALARIES  |  |
| <b>EMPLOYEES AND SALARIES</b>  |  | <b>AS ESTIMATED ON SB-1</b>                                       |  |
| Current Number of Employees  |  | 0   |  |
| Salaries   |  | 0.00  |  |
| Number of Employees Retained   |  | 0   |  |
| Salaries   |  | 0.00  |  |
| Number of Additional Employees   |  | 11  |  |
| Salaries   |  | 400,000.00  |  |
|  |  | 470,015.00  |  |
| SECTION 4  |  | COST AND VALUES   |  |
|  |  | <b>MANUFACTURING EQUIPMENT</b>                                    |  |
|  |  | <b>RESEARCH &amp; DEVELOPMENT EQUIPMENT</b>                       |  |
|  |  | <b>LOGISTICAL DISTRIBUTION EQUIPMENT</b>                          |  |
|  |  | <b>IT EQUIPMENT</b>   |  |
| <b>AS ESTIMATED ON SB-1</b>  |  | <b>COST</b>   |  |
| Values Before Project  |  | \$  |  |
| Plus: Values of Proposed Project   |  | \$  |  |
| Less: Values of Any Property Being Replaced  |  | \$  |  |
| Net Values Upon Completion of Project  |  | \$  |  |
| <b>ACTUAL</b>  |  | <b>COST</b>   |  |
| Values Before Project  |  | \$  |  |
| Plus: Values of Proposed Project   |  | \$  |  |
| Less: Values of Any Property Being Replaced  |  | \$  |  |
| Net Values Upon Completion of Project  |  | \$  |  |
| <b>NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).</b>  |  |   |  |
| SECTION 5  |  | WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER       |  |
| <b>WASTE CONVERTED AND OTHER BENEFITS</b>  |  | <b>AS ESTIMATED ON SB-1</b>                                       |  |
| 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>   |  | Title<br><b>PRESIDENT</b>   |  |
|  |  | Date Signed (month, day, year)<br><b>5/3/25</b>                   |  |

CONFIDENTIAL

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:  |  |                                    |                     |
| <input checked="" type="checkbox"/>   | The property owner IS in substantial compliance            |                                    |                     |
| <input type="checkbox"/>  | The property owner IS NOT in substantial compliance        |                                    |                     |
| <input type="checkbox"/>  | Other (specify) _____                                      |                                    |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |                                    |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)     |                     |
| Attested By   |  | Designating Body                   |                     |
| Michelle Edwards  |  | 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year) | Location of Hearing |

|   |  |   |  |
|---|--|---|--|
| HEARING RESULTS (to be completed after the hearing)   |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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. |  |   |  |



**Review of Miller Parrott Lofts CF-1 Form for Resolution 17, 2017**

Review of Miller Parrott Lofts Compliance of Benefits Form for Resolution 17, 2017 was read by digest. Motion was made by Councilperson Azar and seconded by Councilperson Dinkel to find Miller Parrott Lofts In Substantial Compliance. Motion carried.

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

State Form 51766 (R8 / 4-23)

Prescribed by the Department of Local Government Finance

**FILED**

MAY 19 2025

20 25 PAY 20 26

**FORM CF-1 / Real Property****INSTRUCTIONS:**

1. 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).
2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
3. 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))
4. 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 INFORMATION   |   |  |
|--|---|--|
| Name of Taxpayer<br><b>Miller Parrott Lofts LP</b>   |   | County<br><b>Vigo</b>  |
| Address of Taxpayer (number and street, city, state, and ZIP code)<br><b>1 Sisters of Providence, Saint Mary of the Woods, IN, 47876</b>   |   | DLGF Taxing District Number<br><b>002 Terre Haute City Harrison Town</b> |
| Name of Contact Person<br><b>Derek Hammond</b>   | Telephone Number<br><b>(317) 816-9300</b> | Email Address<br><b>dhammond@flico.com</b>                               |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY   |   |  |
| Name of Designating Body<br><b>City of Terre Haute Common Council</b>  | Resolution Number<br><b>17-2017</b>       | Estimated Start Date (month, day, year)<br><b>1/2019</b>                 |
| Location of Property<br><b>1450 Wabash Ave, Terre Haute, IN, 47807 (84-06-22-405-007.000-002)</b>  |   | Actual Start Date (month, day, year)<br><b>9/30/2019</b>                 |
| Description of Real Property Improvements<br><b>Development of 54 residential apartment unit for the elderly earning 60% of AMI or less. Office space for use by social service organizations.</b> |   | Estimated Completion Date (month, day, year)<br><b>1/2020</b>            |
|  |   | Actual Completion Date (month, day, year)<br><b>11/19/2020</b>           |
| SECTION 3 EMPLOYEES AND SALARIES   |   |  |
| EMPLOYEES AND SALARIES   |   | AS ESTIMATED ON SB-1   |
| Current Number of Employees  |   |  |
| Salaries   |   |  |
| Number of Employees Retained   |   |  |
| Salaries   |   |  |
| Number of Additional Employees   | <b>2</b>                                  | <b>2</b>   |
| Salaries   | <b>\$39,000.00</b>                        | <b>\$90,612</b>  |
| SECTION 4 COST AND VALUES  |   |  |
| COST AND VALUES  |   | REAL ESTATE IMPROVEMENTS   |
| AS ESTIMATED ON SB-1   |   | COST   |
| Values Before Project  |   | <b>\$ 1,542,800.00</b>   |
| Plus: Values of Proposed Project   |   | <b>\$ 900,000.00</b>   |
| Less: Values of Any Property Being Replaced  |   | <b>\$</b>  |
| Net Values Upon Completion of Project  |   | <b>\$ 2,442,800.00</b>   |
| ACTUAL   |   | COST   |
| Values Before Project  |   | <b>\$ 1,412,200.00</b>   |
| Plus: Values of Proposed Project   |   | <b>\$ 2,245,300.00</b>   |
| Less: Values of Any Property Being Replaced  |   | <b>\$ 1,412,200.00</b>   |
| Net Values Upon Completion of Project  |   | <b>\$ 908,700</b>  |
| SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER  |   |  |
| WASTE CONVERTED AND OTHER BENEFITS   |   | AS ESTIMATED ON SB-1   |
| 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>Derek Hammond</i>   | Title<br><b>CFO</b>                       | Date Signed (month, day, year)<br><b>5/5/2025</b>                        |

**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)

**CONFIDENTIAL**

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, 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.
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, 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:  |  |                                    |                     |
| <input checked="" type="checkbox"/>   | The Property Owner IS in Substantial Compliance            |                                    |                     |
| <input type="checkbox"/>  | The Property Owner IS NOT in Substantial Compliance        |                                    |                     |
| <input type="checkbox"/>  | Other (specify) _____                                      |                                    |                     |
| Reasons for the Determination (attach additional sheets if necessary)   |  |                                    |                     |
| Signature of Authorized Member  |  | Date Signed (month, day, year)     |                     |
| Attested By   |  | Designating Body                   |                     |
| Michelle L. Edwards   |  | 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of Hearing (month, day, year) | Location of Hearing |

|   |  |   |  |
|---|--|---|--|
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |   |  |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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  |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |   |  |
| 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 REAL ESTATE IMPROVEMENTS

State Form 51707 (R0 / 10-14)

Prescribed by the Department of Local Government Finance

CONFIDENTIAL

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)

## 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 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.
- 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.
- 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).
- 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.

|  |
|--|
| 20 ____ PAY 20 ____  |
| FORM SB-1 / Real Property  |
| <b>PRIVACY NOTICE</b><br>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. |

| SECTION 1 TAXPAYER INFORMATION  |                    |                                    |  |  |                         |
|---|--------------------|------------------------------------|--|--|-------------------------|
| Name of taxpayer<br>Miller Parrot Lofts, LP   |                    |                                    |  |  |                         |
| Address of taxpayer (number and street, city, state, and ZIP code)<br>Saint Mary-of-the-Woods, IN 47876   |                    |                                    |  |  |                         |
| Name of contact person<br>Sister Lisa Stallings/Julie Collier (FC)  |                    | Telephone number<br>(317) 819.2711 |  | E-mail address<br>jcollier@flico.com                         |                         |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT  |                    |                                    |  |  |                         |
| Name of designating body<br>City of Terre Haute, Indiana  |                    |                                    |  | Resolution number  |                         |
| Location of property<br>1450 Wabash Avenue  |                    | County<br>Vigo                     |  | DLGF taxing district number                                  |                         |
| Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)<br>Project entails an \$11.7 million rehabilitation of the building and will provide 54 senior (55+) housing units for residents earning 60% of AMI or less.   |                    |                                    |  | Estimated start date (month, day, year)<br>January 2019      |                         |
|   |                    |                                    |  | Estimated completion date (month, day, year)<br>January 2020 |                         |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT  |                    |                                    |  |  |                         |
| Current number<br>0.00  | Salaries<br>\$0.00 | Number retained<br>0.00            | Salaries<br>\$0.00                           | Number additional<br>2.00                                    | Salaries<br>\$39,000.00 |
| SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT  |                    |                                    |  |  |                         |
| REAL ESTATE IMPROVEMENTS  |                    |                                    |  |  |                         |
|   |                    |                                    | COST   |  |                         |
| Current values  |                    |                                    | 1,542,000.00                                 |  |                         |
| Plus estimated values of proposed project   |                    |                                    | 900,000.00                                   |  |                         |
| Less values of any property being replaced  |                    |                                    | 0.00   |  |                         |
| Net estimated values upon completion of project   |                    |                                    | 2,442,000.00                                 |  |                         |
| SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER   |                    |                                    |  |  |                         |
| Estimated solid waste converted (pounds)  |                    |                                    | Estimated hazardous waste converted (pounds) |  |                         |
| Other benefits<br>The Miller Parrot Lofts project will provide much needed senior housing in Terre Haute as well as rehabilitate a valued historic asset - the Miller Parrot bakery building. This project will pave the way for future development in the surrounding neighborhood and help stabilize the existing public park across the street. The project will bring more residents - approximately 81 (54 units x 1.5 residents per unit) - to the neighborhood, further supporting existing businesses and services. |                    |                                    |  |  |                         |
| SECTION 6 TAXPAYER CERTIFICATION  |                    |                                    |  |  |                         |
| I hereby certify that the representations in this statement are true.   |                    |                                    |  |  |                         |
| Signature of authorized representative<br>Dawn Tomaszewski, SP  |                    |                                    |  | Date signed (month, day, year)<br>07-27-17                   |                         |
| Printed name of authorized representative<br>DAWN TOMASZEWSKI, SP   |                    |                                    |  | Title<br>PRESIDENT   |                         |

CONFIDENTIAL

| FOR USE OF THE DESIGNATING BODY  |   |  |
|--|---|--|
| We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:   |   |  |
| A. The designated area has been limited to a period of time not to exceed <u>9</u> calendar years* (see below). The date this designation expires is <u>N/A</u> .  |   |  |
| B. The type of deduction that is allowed in the designated area is limited to:<br>1. Redevelopment or rehabilitation of real estate improvements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>2. Residentially distressed areas <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |
| C. The amount of the deduction applicable is limited to \$ <u>N/A</u> .  |   |  |
| D. Other limitations or conditions (specify) <u>N/A</u>  |   |  |
| E. Number of years allowed: <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 (* see below)<br><input type="checkbox"/> Year 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input checked="" type="checkbox"/> Year 9 <input type="checkbox"/> Year 10   |   |  |
| F. 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?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, attach a copy of the abatement schedule to this form.<br>If no, the designating body is required to establish an abatement schedule before the deduction can be determined.   |   |  |
| We have also 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 of designating body)<br><u>[Signature]</u>  | Telephone number<br><u>(812) 232-3375</u>                   | Date signed (month, day, year)<br><u>9-14-17</u> |
| Printed name of authorized member of designating body<br><u>Karum Nasser</u>   | Name of designating body<br><u>Terre Haute City Council</u> |  |
| Attested by (signature and title of attester)<br><u>[Signature]</u>  | Printed name of attester<br><u>Charles P Hanley</u>         |  |
| * 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.  |   |  |
| A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. 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. The deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)  |   |  |
| B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. 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. (See IC 6-1.1-12.1-17 below.)   |   |  |
| IC 6-1.1-12.1-17<br>Abatement schedules<br>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:<br>(1) The total amount of the taxpayer's investment in real and personal property.<br>(2) The number of new full-time equivalent jobs created.<br>(3) The average wage of the new employees compared to the state minimum wage.<br>(4) The infrastructure requirements for the taxpayer's investment.<br>(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.<br>(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. |   |  |

**Review of Revolution CF-1 Form for Resolution 5, 2015**

Review of Revolution Compliance of Benefits Form for Resolution 5, 2015 was read by digest. Motion was made by Councilperson Thompson and seconded by Councilperson Dinkel to find Revolution In Substantial Compliance. Motion carried.

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**COMPLIANCE WITH STATEMENT OF BENEFITS  
PERSONAL PROPERTY**

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

**PRIVACY NOTICE**

This 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**

**2025 PAY 2026**

- 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, 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 years may be consolidated on one (1) compliance form (CF-1).

**FILED**

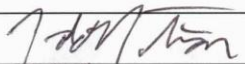
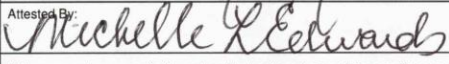
| SECTION 1 TAXPAYER INFORMATION  |  |  |                |   |                |  |   |              |                |
|---|--|--|----------------|---|----------------|--|---|--------------|----------------|
| Name of taxpayer<br>Revolution Materials (IN) LLC   |  | MAY 15 2025  |                |   |                | County<br>Vigo                               |   |              |                |
| Address of Taxpayer (street and number, city, state and ZIP code)<br>300 N Fruitridge Ave<br>Terre Haute IN 47803   |  | CITY CLERK   |                |   |                | DLGF Taxing District Number<br>84002         |   |              |                |
| Name of Contact Person<br>Al Doti   |  | Telephone Number<br>501-404-9566                           |                |   |                | Email Address<br>adoti@revolutioncompany.com |   |              |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |  |  |                |   |                |  |   |              |                |
| Name of Designating Body<br>City of Terre Haute Common Council  |  | Resolution Number<br>RS5-2015                              |                | Estimated Start Date (month, day, year)<br>05/01/2015 |                |  |   |              |                |
| Location of Property<br>300 N Fruitridge Ave<br>Terre Haute IN 47803  |  | Actual Start Date (month, day, year)<br>05/01/2015         |                |   |                |  |   |              |                |
| Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.<br>Plastics Extruder |  | Estimated Completion Date (month, day, year)<br>09/01/2015 |                |   |                |  | Actual Completion Date (month, day, year)<br>11/01/2015 |              |                |
| SECTION 3 EMPLOYEES AND SALARIES  |  |  |                |   |                |  |   |              |                |
| EMPLOYEES AND SALARIES  |  |  |                | AS ESTIMATED ON SB-1                                  |                | ACTUAL                                       |   |              |                |
| Current Number of Employees   |  |  |                | 241   |                | 230  |   |              |                |
| Salaries  |  |  |                | 7,603,000   |                | 10,813,442                                   |   |              |                |
| Number of Employees Retained  |  |  |                | 241   |                | 241  |   |              |                |
| Salaries  |  |  |                | 7,603,000   |                | 7,603,000                                    |   |              |                |
| Number of Additional Employees  |  |  |                | 4   |                |  |   |              |                |
| Salaries  |  |  |                | 100,838   |                | 3,210,442                                    |   |              |                |
| SECTION 4 COST AND VALUES   |  |  |                |   |                |  |   |              |                |
|   |  | MANUFACTURING EQUIPMENT                                    |                | R & D EQUIPMENT                                       |                | LOGIST DIST EQUIPMENT                        |   | IT EQUIPMENT |                |
| AS ESTIMATED ON SB-1  |  | COST   | ASSESSED VALUE | COST  | ASSESSED VALUE | COST   | ASSESSED VALUE  | COST         | ASSESSED VALUE |
| Values Before Project   |  |  |                |   |                |  |   |              |                |
| Plus: Values of Proposed Project  |  |  |                |   |                |  |   |              |                |
| Less: Values of Any Property Being Replaced   |  |  |                |   |                |  |   |              |                |
| Net Values Upon Completion of Project   |  |  |                |   |                |  |   |              |                |
| ACTUAL  |  | COST   | ASSESSED VALUE | COST  | ASSESSED VALUE | COST   | ASSESSED VALUE  | COST         | ASSESSED VALUE |
| Values Before Project   |  |  |                |   |                |  |   |              |                |
| Plus: Values of Proposed Project  |  |  |                |   |                |  |   |              |                |
| Less: Values of Any Property Being Replaced   |  |  |                |   |                |  |   |              |                |
| Net Values Upon Completion of Project   |  |  |                |   |                |  |   |              |                |
| <b>NOTE:</b> 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<br>  |  |  |                | Title<br>Bus. Unit                                    |                | Date Signed (month, day, year)<br>05/14/2025 |   |              |                |

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

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

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 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.
3. 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.
4. 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:  |  |  |
| <input checked="checked" type="checkbox"/>  | The property owner <b>IS</b> in substantial compliance     |  |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |  |
| <input type="checkbox"/>  | Other (specify) _____                                      |  |
| Reasons for the Determination (attach additional sheets if necessary)   |  |  |
| Signature of Authorized Member    |  | Date Signed (month, day, year)<br>6-5-2025 |
| Attested By:<br>   | Designating Body<br>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<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM   | Date of Hearing (month, day, year)                         | Location of Hearing                        |
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |  |
| <input type="checkbox"/> Approved <input type="checkbox"/> 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   |  |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |  |
| 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 (R3 / 12-13)  
Prescribed by the Department of Local Government Finance

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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

- 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.
- 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.
- 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, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- 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<br>Jadcore, LLC   |           |                         |                |                   | Name of contact person<br>William M. Olah    |                       |                                   |              |                |                 |  |
| Address of taxpayer (number and street, city, state, and ZIP code)<br>300 North Fruitridge Avenue, Terre Haute, IN 47803   |           |                         |                |                   | Telephone number<br>( 812 ) 232-4311         |                       |                                   |              |                |                 |  |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT   |           |                         |                |                   |  |                       |                                   |              |                |                 |  |
| Name of designating body<br>Common Council City of Terre Haute   |           |                         |                |                   | Resolution number (s)<br>5 - 2015            |                       |                                   |              |                |                 |  |
| Location of property<br>300 North Fruitridge Avenue, Terre Haute, IN 47803   |           |                         |                |                   | County<br>Vigo                               |                       | DLGF taxing district number<br>84 |              |                |                 |  |
| Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment.<br>(Use additional sheets if necessary.)<br>Petitioner proposes to purchase a scrap plastic pelletizing line that will increase overall capacity. |           |                         |                |                   | ESTIMATED                                    |                       |                                   |              |                |                 |  |
|  |           |                         |                |                   | START DATE                                   |                       |                                   |              |                | COMPLETION DATE |  |
|  |           |                         |                |                   | Manufacturing Equipment                      |                       | 05/01/2015                        |              | 09/01/2015     |                 |  |
|  |           |                         |                |                   | R & D Equipment                              |                       |                                   |              |                |                 |  |
|  |           |                         |                |                   | Logist Dist Equipment                        |                       |                                   |              |                |                 |  |
| IT Equipment   |           |                         |                |                   |  |                       |                                   |              |                |                 |  |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT   |           |                         |                |                   |  |                       |                                   |              |                |                 |  |
| Current number   | Salaries  | Number retained         | Salaries       | Number additional | Salaries                                     |                       |                                   |              |                |                 |  |
| 241  | 7,603,000 | 241                     | 7,603,000      | 4                 | 100,838                                      |                       |                                   |              |                |                 |  |
| 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   |           |                         |                |                   |  |                       |                                   |              |                |                 |  |
| Plus estimated values of proposed project  |           |                         | 2,100,000      |                   |  |                       |                                   |              |                |                 |  |
| Less values of any property being replaced   |           |                         |                |                   |  |                       |                                   |              |                |                 |  |
| Net estimated values upon completion of project  |           |                         |                |                   |  |                       |                                   |              |                |                 |  |
| 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<br><i>David C. Doti</i>   |           |                         |                |                   | Date signed (month, day, year)<br>2/24/2015  |                       |                                   |              |                |                 |  |
| Printed name of authorized representative<br>Jadcore, LLC<br>By Jadcore Holdings, Inc., Manager<br>By David C. Doti, President   |           |                         |                |                   | Title<br>President                           |                       |                                   |              |                |                 |  |



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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 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;

☒ Yes ☐ No

2. Installation of new research and development equipment;

☐ Yes ☒ No

3. Installation of new logistical distribution equipment.

☐ Yes ☒ No

4. Installation of new information technology equipment;

☐ Yes ☒ 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 is allowed for:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 (see below \*)  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☒ 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)

JOHN MURRICAN  
Printed name of authorized member of designating body

(812) 232-3375

4-16-2015

Name of designating body

Charles P Hanley  
Attested by: (signature and title of attester)

Terre Haute City Council

Printed name of attester

Charles P Hanley

\* 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.

**Review of Revolution CF-1 Form for Resolution 35, 2017**

Review of Revolution Compliance of Benefits Form for Resolution 35, 2017 was read by digest. Motion was made by Councilperson Hinton and seconded by Councilperson Chalos to find Revolution In Substantial Compliance. Motion carried.

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# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

**PRIVACY NOTICE**  
This 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**

**2025 PAY 2026**

- 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, 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<br>Revolution Materials (IN) LLC  |                         |                |                 |  |                       | County<br>Vigo  |              |                |
| Address of Taxpayer (street and number, city, state and ZIP code)<br>300 N Fruitridge Ave<br>Terre Haute IN 47803  |                         |                |                 |  |                       | DLGF Taxing District Number<br>84C02                  |              |                |
| Name of Contact Person<br>Al Doti  |                         |                |                 | Telephone Number<br>501-404-9566                           |                       | Email Address<br>adoti@revolutioncompany.com          |              |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY   |                         |                |                 |  |                       |   |              |                |
| Name of Designating Body<br>City of Terre Haute Common Council   |                         |                |                 | Resolution Number<br>RS 35-2017                            |                       | Estimated Start Date (month, day, year)<br>02/01/2018 |              |                |
| Location of Property 300 N Fruitridge Ave<br>Terre Haute IN 47803  |                         |                |                 | Actual Start Date (month, day, year)<br>02/01/2018         |                       |   |              |                |
| Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.<br>Plastic Scrap Pelletizing Line |                         |                |                 | Estimated Completion Date (month, day, year)<br>07/01/2018 |                       |   |              |                |
|  |                         |                |                 | Actual Completion Date (month, day, year)<br>05/01/2018    |                       |   |              |                |
| SECTION 3 EMPLOYEES AND SALARIES   |                         |                |                 |  |                       |   |              |                |
| EMPLOYEES AND SALARIES   |                         |                |                 |  |                       | AS ESTIMATED ON SB-1                                  |              | ACTUAL         |
| Current Number of Employees  |                         |                |                 |  |                       | 255   |              | 230            |
| Salaries   |                         |                |                 |  |                       | 10,279,050  |              | 10,813,442     |
| Number of Employees Retained   |                         |                |                 |  |                       | 255   |              | 230            |
| Salaries   |                         |                |                 |  |                       | 10,279,050  |              | 10,279,050     |
| Number of Additional Employees   |                         |                |                 |  |                       | 4   |              |                |
| Salaries   |                         |                |                 |  |                       | 108,160   |              | 534,392        |
| SECTION 4 COST AND VALUES  |                         |                |                 |  |                       |   |              |                |
|  | MANUFACTURING EQUIPMENT |                | R & D EQUIPMENT |  | LOGIST DIST EQUIPMENT |   | IT EQUIPMENT |                |
| AS ESTIMATED ON SB-1   | COST                    | ASSESSED VALUE | COST            | ASSESSED VALUE   | COST                  | ASSESSED VALUE  | COST         | ASSESSED VALUE |
| Values Before Project  |                         |                |                 |  |                       |   |              |                |
| Plus: Values of Proposed Project   |                         |                |                 |  |                       |   |              |                |
| Less: Values of Any Property Being Replaced  |                         |                |                 |  |                       |   |              |                |
| Net Values Upon Completion of Project  |                         |                |                 |  |                       |   |              |                |
| ACTUAL   | COST                    | ASSESSED VALUE | COST            | ASSESSED VALUE   | COST                  | ASSESSED VALUE  | COST         | ASSESSED VALUE |
| Values Before Project  |                         |                |                 |  |                       |   |              |                |
| Plus: Values of Proposed Project   |                         |                |                 |  |                       |   |              |                |
| Less: Values of Any Property Being Replaced  |                         |                |                 |  |                       |   |              |                |
| Net Values Upon Completion of Project  |                         |                |                 |  |                       |   |              |                |
| <b>NOTE:</b> 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<br>   |                         |                |                 | Title<br>Bus. Unit   |                       | Date Signed (month, day, year)<br>05/14/2025          |              |                |



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

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

**CONFIDENTIAL**

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 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.
3. 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.
4. 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:  |  |   |
| <input checked="" type="checkbox"/>   | The property owner <b>IS</b> in substantial compliance     |   |
| <input type="checkbox"/>  | The property owner <b>IS NOT</b> in substantial compliance |   |
| <input type="checkbox"/>  | Other (specify) _____                                      |   |
| Reasons for the Determination (attach additional sheets if necessary)   |  |   |
| Signature of Authorized Member <i>John T. ...</i>   |  | Date Signed (month, day, year)<br>6-5-2025          |
| Attested By: <i>Michelle Redwood</i>  |  | Designating Body<br><i>Terre Haute City Council</i> |
| 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<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM   | Date of Hearing (month, day, year)                         | Location of Hearing                                 |
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> 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                                    |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |   |
| 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 51784 (R4 / 11-15)

Prescribed by the Department of Local Government Finance

CONFIDENTIAL  
RECEIVED  
APR 05 2021

Harrison Township Assessor

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

- 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.
- 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.
- 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.
- 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)
- 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<br><b>Jadcore, LLC</b>   |                                 |                               | Name of contact person<br><b>William M. Olah</b>    |                               |  |                       |                |              |                |
| Address of taxpayer (number and street, city, state, and ZIP code)<br><b>300 North Fruitridge Avenue, Terre Haute</b>   |                                 |                               | Telephone number<br><b>( 812 ) 232-431</b>          |                               |  |                       |                |              |                |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT  |                                 |                               |   |                               |  |                       |                |              |                |
| Name of designating body<br><b>Common Council City of Terre Haute</b>   |                                 |                               | Resolution number (s)<br><b>-2017</b>               |                               |  |                       |                |              |                |
| Location of property<br><b>300 North Fruitridge Avenue, Terre Haute, IN 47803</b>   |                                 |                               | County<br><b>Vigo</b>                               |                               | DLGF taxing district number<br><b>84</b> |                       |                |              |                |
| Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment.<br>(Use additional sheets if necessary.)<br><b>See attached sheet.</b> |                                 |                               | ESTIMATED   |                               |  |                       |                |              |                |
|   |                                 |                               | START DATE  |                               |  | COMPLETION DATE       |                |              |                |
|   |                                 |                               | Manufacturing Equipment                             |                               | <b>02/01/2018</b>                        | <b>07/01/2018</b>     |                |              |                |
|   |                                 |                               | R & D Equipment                                     |                               |  |                       |                |              |                |
|   |                                 |                               | Logist Dist Equipment                               |                               |  |                       |                |              |                |
| IT Equipment  |                                 |                               |   |                               |  |                       |                |              |                |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT  |                                 |                               |   |                               |  |                       |                |              |                |
| Current number<br><b>255</b>  | Salaries<br><b>\$10,279,050</b> | Number retained<br><b>255</b> | Salaries<br><b>\$10,279,050</b>                     | Number additional<br><b>4</b> | Salaries<br><b>\$108,160</b>             |                       |                |              |                |
| 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  |                                 |                               |   |                               |  |                       |                |              |                |
| Plus estimated values of proposed project   |                                 |                               | <b>2,119,000</b>                                    |                               |  |                       |                |              |                |
| Less values of any property being replaced  |                                 |                               |   |                               |  |                       |                |              |                |
| Net estimated values upon completion of project   |                                 |                               |   |                               |  |                       |                |              |                |
| 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<br><b>David C. Doti</b>  |                                 |                               | Date signed (month, day, year)<br><b>11/29/2017</b> |                               |  |                       |                |              |                |
| Printed name of authorized representative<br><b>David C. Doti</b>   |                                 |                               | Title<br><b>President of MANAGER</b>                |                               |  |                       |                |              |                |



**CONFIDENTIAL**

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 10 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18                |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Check box if an enhanced abatement was approved for one or more of these types. |
| 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 \$ N/A 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 \$ N/A 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 \$ N/A 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 \$ N/A cost with an assessed value of \$ \_\_\_\_\_. (One or both lines may be filled out to establish a limit, if desired.)

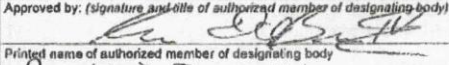
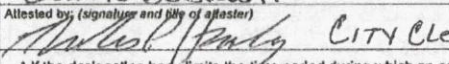
G. Other limitations or conditions (specify): \_\_\_\_\_

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      |
| <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 | Number of years approved: _____                                       |
|                                 |                                 |                                 |                                 |   | (Enter one to twenty (1-20) years; may not exceed twenty (20) years.) |

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) |
|             | (812) 232-3375           | 1-18-18                        |
| Printed name of authorized member of designating body  | Name of designating body |                                |
| Curtis DeBaun IV   | Terre Haute City Council |                                |
| Attested by: (signature and title of attester)   | Printed name of attester |                                |
|  CITY CLERK | Charles P. Hanley        |                                |

\* 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 4.6 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.



**Review of Warren Village CF-1 Form for Resolution 14, 2016**

Review of Warren Village Compliance of Benefits Form for Resolution 14, 2016 was read by digest. Motion was made by Councilperson Boland and seconded by Councilperson Hinton to find Warren Village In Substantial Compliance. Motion carried.

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

State Form 51766 (R5 / 12-21)

Prescribed by the Department of Local Government Finance

**RECEIVED**  
MAY 09 2025  
VIGO COUNTY AUDITOR

20 25 PAY 20 25

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).

**FILED**

MAY 09 2025

**CONFIDENTIAL** CITY CLERK**INSTRUCTIONS:**

1. This form does not apply to property located in a residentially distressed area 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 16, 2022, 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))
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>Warren Village II, L.P.   | County<br>Vigo                        |
| Address of taxpayer (number and street, city, state, and ZIP code)<br>P.O. Box 3086, 2001 N. 19th St, Terre Haute, IN 47804 | DLGF taxing district number<br>84-002 |
| Name of contact person<br>Jeff Stewart  | Telephone number<br>( 812 ) 232-1381  |

| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |                               |   |
|---|-------------------------------|---|
| Name of designating body<br>City of Terre Haute   | Resolution number<br>14, 2016 | Estimated start date (month, day, year)<br>12/1/2018      |
| Location of property<br>2420 5th Ave, Terre Haute along with parcels described on attached Exhibit A  |                               | Actual start date (month, day, year)<br>12/6/2018         |
| Description of real property improvements<br>The construction of a multi-family rental property consisting of 20 1-BR apartments and 20 single-family homes on 19 individual sites (originally proposed as 22 1-BR units and 16 single-family homes). The tax abatement only covers the 20 1-BR apartments and 16 single-family homes on 15 individual sites. |                               | Estimated completion date (month, day, year)<br>12/1/2019 |
|   |                               | Actual completion date (month, day, year)<br>11/22/2019   |

| SECTION 3 EMPLOYEES AND SALARIES |                      |           |
|----------------------------------|----------------------|-----------|
| EMPLOYEES AND SALARIES           | AS ESTIMATED ON SB-1 | ACTUAL    |
| Current number of employees      | 0                    | 4         |
| Salaries                         | 0                    | 47,591.90 |
| Number of employees retained     | 0                    | 4         |
| Salaries                         | 0                    | 47,591.90 |
| Number of additional employees   | 1                    | 0         |
| Salaries                         |                      | 0         |

| SECTION 4 COST AND VALUES                   |                          |                |
|---|--------------------------|----------------|
| COST AND VALUES                             | REAL ESTATE IMPROVEMENTS |                |
| AS ESTIMATED ON SB-1                        | COST                     | ASSESSED VALUE |
| Values before project                       | 0                        |                |
| Plus: Values of proposed project            |                          | 816,041.00     |
| Less: Values of any property being replaced |                          | 0              |
| Net values upon completion of project       |                          | 816,041.00     |
| ACTUAL                                      | COST                     | ASSESSED VALUE |
| Values before project                       | 0                        |                |
| Plus: Values of proposed project            |                          | 4,423,700.00   |
| Less: Values of any property being replaced |                          | 0              |
| Net values upon completion of project       |                          | 4,423,700.00   |

| 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                                       | 0                    | 0      |
| Amount of hazardous waste converted                                   | 0                    | 0      |
| Other benefits:   |                      |        |

| SECTION 6 TAXPAYER CERTIFICATION                                      |                             |  |
|---|-----------------------------|--|
| I hereby certify that the representations in this statement are true. |                             |  |
| Signature of authorized representative<br>                            | Title<br>Executive Director | Date signed (month, day, year)<br>05/05/2025 |

**CONFIDENTIAL**

**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 6-1.1-12.1-5.3 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, 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.
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, 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

*[Signature]*

Date signed (month, day, year)

6-5-2025

Attested by:

*[Signature]*

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.



**Exhibit A**  
DESCRIPTION OF REAL ESTATE  
ALL PARCELS LOCATED IN TERRE HAUTE, INDIANA

| #  | Property Address                          | Parcel #                 | 2025 Total Assessment |
|----|---|--------------------------|-----------------------|
| 1  | 2420 5th Ave                              | 84-06-14-335-016.000-002 | \$ 1,548,400          |
| 2  | 1301 3rd Ave                              | 84-06-15-453-001.000-002 | \$ 143,000            |
| 3  | 1305 3rd Ave                              | 84-06-15-453-002.000-002 | \$ 145,300            |
| 4  | 1309 3rd Ave                              | 84-06-15-453-003.000-002 | \$ 143,000            |
| 5  | 1936 Hendricks St, formerly 2419 Buckeye  | 84-06-14-178-015.000-002 | \$ 141,000            |
| 6  | 2430 2nd Ave                              | 84-06-14-381-021.000-002 | \$ 143,300            |
| 7  | 902 S 9th St                              | 84-06-27-159-001.000-002 | \$ 144,400            |
| 8  | 924 S 9th St                              | 84-06-27-159-006.000-002 | \$ 132,000            |
| 9  | 427 S 14th St                             | 84-06-27-202-013.000-002 | \$ 145,900            |
| 10 | 2124 Elm St, formerly part of 2136 Elm St | 84-06-23-105-016.000-002 | \$ 142,400            |
| 11 | 2136 Elm St                               | 84-06-23-105-020.000-002 | \$ 144,900            |
| 12 | 109 Gilbert Ave                           | 84-06-22-453-014.000-002 | \$ 138,400            |
| 13 | 117 Gilbert Ave                           | 84-06-22-453-015.000-002 | \$ 147,200            |
| 14 | 423 S 17th St                             | 84-06-27-227-023.000-002 | \$ 144,700            |
| 15 | 2109 Locust St                            | 84-06-23-105-002.000-002 | \$ 146,700            |
| 16 | 328 Kent Ave                              | 84-06-23-152-006.000-002 | \$ 145,500            |
| 17 | 1439 Elm St                               | 84-06-22-207-001.000-002 | \$ 146,200            |
| 18 | 2252 5th Ave                              | 84-06-14-308-014.000-002 | \$ 147,300            |
| 19 | 2329 6th Ave                              | 84-06-14-330-007.000-002 | \$ 144,900            |
| 20 | 2245 3rd Ave                              | 84-06-14-361-011.000-002 | \$ 143,400            |
| 21 | 1227 N 10th St                            | 84-06-15-333-006.000-002 | \$ 145,800            |
|    |   |                          | <u>4,423,700</u>      |



# STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51757 (16 / 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)

## 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 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.
- 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.
- 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)
- 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

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.

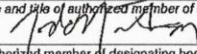
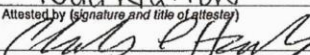
| SECTION 1 TAXPAYER INFORMATION   |          |                                    |  |  |             |
|--|----------|------------------------------------|--|--|-------------|
| Name of taxpayer<br>Low Income House Development Corp. of Terre Haute/City of Terre Haute Dept. of Redevelopment on behalf of Warren Village II, L.P. (to be formed)   |          |                                    |  |  |             |
| Address of taxpayer (number and street, city, state, and ZIP code)<br>PO Box 3086, Terre Haute, IN 47804   |          |                                    |  |  |             |
| Name of contact person<br>Jeff Stewart   |          | Telephone number<br>(812) 232-1381 |  | E-mail address<br>jstewart@terrehautehousing.org                 |             |
| SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT   |          |                                    |  |  |             |
| Name of designating body<br>Common Council of the City of Terre Haute  |          |                                    |  | Resolution number<br>14, 2016                                    |             |
| Location of property<br>2420 5th Ave, Terre Haute, IN and parcels described on attached Exhibit A  |          |                                    |  | County<br>Vigo   |             |
| Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)<br>The construction of a multi-family rental unit consisting of 22 one-bedroom apartments and 16 single-family homes on 15 sites on attached Exhibit A. |          |                                    |  | DLOF taxing district number<br>Harrison                          |             |
|  |          |                                    |  | Estimated start date (month, day, year)<br>October 1, 2017       |             |
|  |          |                                    |  | Estimated completion date (month, day, year)<br>December 1, 2018 |             |
| SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT   |          |                                    |  |  |             |
| Current number   | Salaries | Number retained                    | Salaries                                     | Number additional  | Salaries    |
| 0.00   | \$0.00   | 0.00                               | \$0.00                                       | 1.00   | \$25,000.00 |
| SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT   |          |                                    |  |  |             |
|  |          |                                    | REAL ESTATE IMPROVEMENTS                     |  |             |
|  |          |                                    | COST   |  |             |
| Current values   |          |                                    | ASSESSED VALUE                               |  |             |
| Plus estimated values of proposed project  |          |                                    | 0.00   |  |             |
| Less values of any property being replaced   |          |                                    | 818,041.00                                   |  |             |
| Net estimated values upon completion of project  |          |                                    | 0.00   |  |             |
|  |          |                                    | 818,041.00                                   |  |             |
| SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER  |          |                                    |  |  |             |
| Estimated solid waste converted (pounds)   |          |                                    | Estimated hazardous waste converted (pounds) |  |             |
| Other benefits<br>The Terre Haute Department of Redevelopment will be demolishing or has demolished all of the blighted real estate improvements on the 15 single-family sites.  |          |                                    |  |  |             |
| SECTION 6 TAXPAYER CERTIFICATION   |          |                                    |  |  |             |
| I hereby certify that the representations in this statement are true.  |          |                                    |  |  |             |
| Signature of authorized representative<br>   |          |                                    |  | Date signed (month, day, year)<br>8-25-16                        |             |
| Printed name of authorized representative<br>Jeff Stewart  |          |                                    |  | Title<br>Executive Director                                      |             |

**FOR USE OF THE DESIGNATING BODY**

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

- 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 N/A.
- B. The type of deduction that is allowed in the designated area is limited to:  
 1. Redevelopment or rehabilitation of real estate improvements ☐ Yes ☐ No  
 2. Residentially distressed areas ☐ Yes ☐ No
- C. The amount of the deduction applicable is limited to \$ N/A.
- D. Other limitations or conditions (specify) N/A
- E. Number of years allowed: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 (\* see below)  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☒ Year 10
- F. 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.

We have also 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 of designating body)<br> | Telephone number<br><u>(812) 232-3375</u>                   | Date signed (month, day, year)<br><u>10-13-2016</u> |
| Printed name of authorized member of designating body<br><u>Todd Nation</u>  | Name of designating body<br><u>Terre Haute City Council</u> |   |
| Attested by (signature and title of attester)<br>                           | Printed name of attester<br><u>Charles P Hanley</u>         |   |

\* 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.

- A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. 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. The deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)
- B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. 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. (See IC 6-1.1-12.1-17 below.)

**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.



**EXHIBIT A**  
**to Form SB-1 Real Property**

Description of Real Estate

All parcels located in Terre Haute, Indiana

1. Parcel ID 84-06-15-453-001.000-002, located at 1301 3<sup>rd</sup> Avenue
2. Parcel ID 84-06-15-453-002.000-002, located at 1305 3<sup>rd</sup> Avenue
3. Parcel ID 84-06-15-453-003.000-002, located at 1309 3<sup>rd</sup> Avenue
4. Parcel ID 84-06-14-178-015.000-002, located at 2419 Buckeye Street
5. Parcel ID 84-06-14-381-021.000-002, located at 2430 2<sup>nd</sup> Avenue
6. Parcel ID 84-06-27-159-001.000-002, located at 902 S. 9<sup>th</sup> Street
7. Parcel ID 84-06-27-159-006.000-002, located at 924 S. 9<sup>th</sup> Street
8. Parcel ID 84-06-27-202-013.000-002, located at 427 S. 14<sup>th</sup> Street
9. Parcel ID 84-06-23-105-016.000-002, located at 2136 Elm Street
10. Parcel ID 84-06-22-453-014.000-002, located at 109 Gilbert Avenue
11. Parcel ID 84-06-22-453-015.000-002, located at 117 Gilbert Avenue
12. Parcel ID 84-06-27-227-023.000-002, located at 423 S. 17<sup>th</sup> Street
13. Parcel ID 84-06-23-105-002.000-002, located at 2109 Locust Street
14. Parcel ID 84-06-22-207-001.000-002, located at 1439 Elm Street
15. Parcel ID 84-06-23-106-010.000-002, located at 2131 Elm Street (a known designated Brownfield site)

## ESTIMATED VALUE OF TAX ABATEMENT

## WARREN VILLAGE II

| YEAR  | ESTIMATED TAX<br>LIABILITY OF<br>IMPROVEMENTS | ESTIMATED<br>TAX LIABILITY<br>OF LAND | ESTIMATED TAX<br>LIABILITY OF<br>PERSONAL<br>PROPERTY | ESTIMATED<br>TOTAL TAX<br>LIABILITY | ABATEMENT %<br>OF TAX ON<br>IMPROVEMENTS<br>ONLY | ESTIMATED<br>VALUE OF<br>ABATEMENT | ESTIMATED<br>TAXES TO BE<br>PAID |
|-------|---|---------------------------------------|---|-------------------------------------|--|------------------------------------|----------------------------------|
| 1     | \$16,321                                      | \$3,396                               | \$1,083   | \$20,800                            | 100%   | \$16,321                           | \$4,479                          |
| 2     | \$16,811                                      | \$3,498                               | \$1,115   | \$21,424                            | 95%  | \$15,970                           | \$5,454                          |
| 3     | \$17,315                                      | \$3,603                               | \$1,149   | \$22,067                            | 80%  | \$13,852                           | \$8,215                          |
| 4     | \$17,834                                      | \$3,711                               | \$1,183   | \$22,729                            | 65%  | \$11,592                           | \$11,136                         |
| 5     | \$18,369                                      | \$3,822                               | \$1,219   | \$23,411                            | 50%  | \$9,185                            | \$14,226                         |
| 6     | \$18,921                                      | \$3,937                               | \$1,255   | \$24,113                            | 40%  | \$7,568                            | \$16,545                         |
| 7     | \$19,488                                      | \$4,055                               | \$1,293   | \$24,836                            | 30%  | \$5,846                            | \$18,990                         |
| 8     | \$20,073                                      | \$4,177                               | \$1,332   | \$25,581                            | 20%  | \$4,015                            | \$21,567                         |
| 9     | \$20,675                                      | \$4,302                               | \$1,372   | \$26,349                            | 10%  | \$2,067                            | \$24,281                         |
| 10    | \$21,295                                      | \$4,431                               | \$1,413   | \$27,139                            | 5%   | \$1,064.76                         | \$26,075                         |
| TOTAL | \$187,102                                     | \$38,931                              | \$12,415  | \$238,449                           |  | \$87,482                           | \$150,967                        |

EXHIBIT E

# TERRE HAUTE **HOUSING AUTHORITY**



May 5<sup>th</sup>, 2025

Office of the Clerk  
City Hall, Room 102  
17 Harding Avenue  
Terre Haute, IN 47807

Dear Michelle Edwards,

I have enclosed the Warren Village II, L.P. CF-1 real property form for 2025 pay 2026, as well as a copy of the original SB-1 form. We will be seeking tax abatement for this time period based on the Form 11 notice property assessment values totalling of \$4,423,700.

While reviewing our forms, I would kindly request that you take some additional information into account. Our CF-1 shows four retained employees and the total of their annual salaries. The retained employees are a part-time property manager, one inspector, and two part-time maintenance employees. I have enclosed a listing the positions and total salary number presented on the CF-1.

The Terre Haute Housing Authority's (THHA) personnel complete the property's administrative tasks: e.g. payroll, accounts payable, tenant receipt posting, compliance reporting, and audit assistance. The THHA is reimbursed for their services through monthly fees, so they are not included in the employee count or the salaries reported.

We greatly appreciate all of the support the city and county have given us to make this project possible. If you have any questions, please feel free to contact me via phone at (812) 232-1381, ext. 200. Thank you so much for your time and consideration.

Sincerely,



Jeff Stewart  
Executive Director  
Housing Authority of the City of Terre Haute  
Warren Village, L.P.

ENCLOSURES



2001 N. 19<sup>th</sup> Street, Terre Haute, IN 47804  
P.O. BOX 3086 TERRE HAUTE, INDIANA 47803-0086  
812-232-1381 812-234-4164 (FAX) 800-545-1833, ext. 271 (TDD)



Warren Village II Salary and Positions List

| Positions         | Total Salary & Benefits |
|-------------------|-------------------------|
| Property Manager  | \$ [REDACTED]           |
| Maintenance Staff |                         |
| Maintenance Staff |                         |

**Review of Warren Village CF-1 Form for Resolution 13, 2012**

Review of Warren Village Compliance of Benefits Form for Resolution 13, 2012 was read by digest. Motion was made by Councilperson Dinkel and seconded by Councilperson Loudermilk to find Warren Village In Substantial Compliance. Motion carried.

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

State Form 51766 (R5 / 12-21)

Prescribed by the Department of Local Government Finance

**CONFIDENTIAL FILED**

MAY 09 2025

20 25 PAY 20 25

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).

**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 16, 2022, 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))
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).

**CITY CLERK**

**RECEIVED**  
MAY 09 2025  
**VIGO COUNTY AUDITOR**

| SECTION 1 TAXPAYER INFORMATION  |                                       |
|---|---------------------------------------|
| Name of taxpayer<br>Warren Village, L.P.  | County<br>Vigo                        |
| Address of taxpayer (number and street, city, state, and ZIP code)<br>P.O. Box 3086, 2001 N. 19th St, Terre Haute, IN 47804 | DLGF taxing district number<br>84-002 |
| Name of contact person<br>Jeff Stewart  | Telephone number<br>(812 ) 232-1381   |

| SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY  |                               |   |
|---|-------------------------------|---|
| Name of designating body<br>City of Terre Haute   | Resolution number<br>13, 2012 | Estimated start date (month, day, year)<br>10/1/2013      |
| Location of property<br>1300 North 25th Street, Terre Haute, IN 47807   |                               | Actual start date (month, day, year)<br>10/1/2013         |
| Description of real property improvements<br>Warren Village - 111 apartments and community space was constructed through gut rehabilitation of the Warren School building and new construction on the school grounds. |                               | Estimated completion date (month, day, year)<br>8/31/2014 |
|   |                               | Actual completion date (month, day, year)<br>8/8/2014     |

| SECTION 3 EMPLOYEES AND SALARIES |                      |            |
|----------------------------------|----------------------|------------|
| EMPLOYEES AND SALARIES           | AS ESTIMATED ON SB-1 | ACTUAL     |
| Current number of employees      | 4                    | 9          |
| Salaries                         | 110,250.00           | 157,252.92 |
| Number of employees retained     | 4                    | 9          |
| Salaries                         | 110,250.00           | 157,252.92 |
| Number of additional employees   | 0                    | 0          |
| Salaries                         | 0                    | 0          |

| SECTION 4 COST AND VALUES                   |                          |                |
|---|--------------------------|----------------|
| COST AND VALUES                             | REAL ESTATE IMPROVEMENTS |                |
| AS ESTIMATED ON SB-1                        | COST                     | ASSESSED VALUE |
| Values before project                       |                          | 217,900.00     |
| Plus: Values of proposed project            |                          | 3,700,000.00   |
| Less: Values of any property being replaced |                          | 0              |
| Net values upon completion of project       |                          | 3,481,000.00   |
| ACTUAL                                      | COST                     | ASSESSED VALUE |
| Values before project                       |                          | 0              |
| Plus: Values of proposed project            |                          | 3,067,100.00   |
| Less: Values of any property being replaced |                          | 0              |
| Net values upon completion of project       |                          | 3,067,100.00   |

| 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                                       | 0                    | 0      |
| Amount of hazardous waste converted                                   | 0                    | 0      |
| Other benefits:   |                      |        |

| SECTION 6 TAXPAYER CERTIFICATION                                      |                             |  |
|---|-----------------------------|--|
| I hereby certify that the representations in this statement are true. |                             |  |
| Signature of authorized representative<br>                            | Title<br>Executive Director | Date signed (month, day, year)<br>05/05/2025 |



CONFIDENTIAL

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 6-1.1-12.1-5.3 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, 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.
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, 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:  |  |   |                     |
| <input checked="" type="checkbox"/> the property owner <b>IS</b> in substantial compliance  |  |   |                     |
| <input type="checkbox"/> the property owner <b>IS NOT</b> in substantial compliance   |  |   |                     |
| <input type="checkbox"/> other (specify) _____  |  |   |                     |
| Reasons for the determination (attach additional sheets if necessary)   |  |   |                     |
| Signature of authorized member  |  | Date signed (month, day, year)                            |                     |
| [Signature]   |  | 6-5-2025  |                     |
| Attested by:  |  | Designating body  |                     |
| Michelle Edwards  |  | 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   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date of hearing (month, day, year)                        | Location of hearing |
| <b>HEARING RESULTS (to be completed after the hearing)</b>  |  |   |                     |
| <input type="checkbox"/> Approved   |  | <input type="checkbox"/> 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  |                     |
| <b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>   |  |   |                     |
| 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 REAL ESTATE IMPROVEMENTS

State Form 51767 (9/13 / 12-11)

Prescribed by the Department of Local Government Finance

20\_\_ PAY 20\_\_

FORM 58-1 / 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 6-1.1-12.1-4)  
☐ Eligible vacant building (IC 6-1.1-12.1-4.6)

## 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 the redevelopment or rehabilitation of real property 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 initiation of the redevelopment or rehabilitation, BEFORE a deduction may be approved.
- To obtain a deduction, application Form 322 ERA/RE or Form 322 ERA/VBD, whichever is applicable, must be filed with the County Auditor by the later of: (1) May 10; or (2) thirty (30) 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, if any, or the county assessor.
- Property owners whose Statement of Benefits was approved after June 30, 1991, must attach a Form CF-1/Real Property annually to the application to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.1(b) and IC 6-1.1-12.1-5.3(b))
- The schedules established under IC 6-1.1-12.1-4(d) for rehabilitated property and under IC 6-1.1-12.1-4.6(1) for vacant buildings apply to any statement of benefits approved on or after July 1, 2000, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17). The schedules effective prior to July 1, 2000, shall continue to apply to a statement of benefits filed before July 1, 2000.

| SECTION 1<br>TAXPAYER INFORMATION   |                          |                                    |   |  |                    |
|---|--------------------------|------------------------------------|---|--|--------------------|
| Name of taxpayer<br>Tim O. Fortune & Jacqueline Fortune (Request is on behalf of Warren Village, L.P., a to-be-formed entity.)  |                          |                                    |   |  |                    |
| Address of taxpayer (number and street, city, state, and ZIP code)<br>211 Woodbine, Terre Haute, IN 47803   |                          |                                    |   |  |                    |
| Name of contact person<br>Tim O. Fortune  |                          | Telephone number<br>(812) 877-2119 |   | E-mail address   |                    |
| SECTION 2<br>LOCATION AND DESCRIPTION OF PROPOSED PROJECT   |                          |                                    |   |  |                    |
| Name of designating body<br>City of Terre Haute   |                          |                                    |   | Resolution number<br>13, 801a                              |                    |
| Location of property<br>1300 North 25th Street, Terre Haute, IN 47807   |                          | County<br>Vigo                     |   | DUGF taxing district number<br>84-002                      |                    |
| Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)<br>Warren Village - 111 apartments and community space will be constructed through gut rehabilitation of the Warren School building and new construction on the school grounds.  |                          |                                    |   | Estimated start date (month, day, year)<br>11/01/2013      |                    |
|   |                          |                                    |   | Estimated completion date (month, day, year)<br>08/31/2014 |                    |
| SECTION 3<br>ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT   |                          |                                    |   |  |                    |
| Current number<br>4.00  | Salaries<br>\$110,250.00 | Number retained<br>4.00            | Salaries<br>\$110,250.00                          | Number additional<br>0.00                                  | Salaries<br>\$0.00 |
| SECTION 4<br>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.   |                          |                                    | REAL ESTATE IMPROVEMENTS                          |  |                    |
|   |                          |                                    | COST  |  |                    |
| Current values  |                          |                                    | 217,900.00  |  |                    |
| Plus estimated values of proposed project   |                          |                                    | 3,700,000.00                                      |  |                    |
| Less values of any property being replaced  |                          |                                    | 0.00  |  |                    |
| Net estimated values upon completion of project   |                          |                                    | 3,481,000.00                                      |  |                    |
| SECTION 5<br>WASTE CONVERTED AND OTHER BENEFITS PROVIDED BY THE TAXPAYER  |                          |                                    |   |  |                    |
| Estimated solid waste converted (pounds) 0.00   |                          |                                    | Estimated hazardous waste converted (pounds) 0.00 |  |                    |
| Other benefits<br>- The project will be a significant improvement to an existing derelict building that is functionally obsolete and an otherwise severely deteriorated neighborhood.<br>- The resulting 111-unit multi-family residential development will have 98% of its units restricted for occupancy by low and moderate income households at affordable rents.<br>- The development will provide rental housing for senior citizens and persons with disabilities. |                          |                                    |   |  |                    |
| SECTION 6<br>TAXPAYER CERTIFICATION   |                          |                                    |   |  |                    |
| I hereby certify that the representations in this statement are true.   |                          |                                    |   |  |                    |
| Signature of authorized representative<br>Tim O. Fortune<br>Jacqueline Fortune  |                          | Title<br>Owners                    |   | Date signed (month, day, year)<br>8/23/12                  |                    |

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, provides for the following limitations:

- 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 rehabilitation of real estate improvements ☒ Yes ☐ No
  2. Residentially distressed areas ☐ Yes ☒ No
  3. Occupancy of a vacant building ☐ Yes ☒ No
- C. The amount of the deduction applicable is limited to \$ \_\_\_\_\_.
- D. Other limitations or conditions (specify): \_\_\_\_\_
- E. The deduction is allowed for 10 years\* (see below).
- F. 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.

We have also 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 of designating body)

*Don Morris*  
*Mayor*

Telephone number

*812 232 3375*

Date signed (month, day, year)

*10-11-2012*

Designated body

*Terre Haute City Council*

\* 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 of 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 20, 2000, the deduction period may not exceed ten (10) years.
- C. For vacant buildings, the deduction period may not exceed two (2) years.



# TERRE HAUTE **HOUSING** **AUTHORITY**

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May 5<sup>th</sup>, 2025

Office of the Clerk  
City Hall, Room 102  
17 Harding Avenue  
Terre Haute, IN 47807

Dear Michelle Edwards,

I have enclosed the Warren Village, L.P. CF-1 real property form for 2025 pay 2026, as well as a copy of the original SB-1 form. We will be seeking tax abatement for this time period based on the Form 11 notice property assessment value of \$3,067,100.

While reviewing our forms, I would kindly request that you take some additional information into account.

Our CF-1 shows nine retained employees and the total of their annual salaries. The retained employees are a full-time property manager, two full-time maintenance employees, and six employees that are allocated to Warren Village on a part-time basis: four for application admissions processing, one for inspections and one for debt collections. I have enclosed a copy of the spreadsheet listing the positions and total salary number presented on the CF-1.

In 2025, we hired a landscaping technician for grounds maintenance at the property during the mowing season. We intend to do the same during calendar year 2026. These positions were not included in the employee count or salary total noted on the CF-1.

The Terre Haute Housing Authority's (THHA) personnel complete the property's administrative tasks: e.g. payroll, accounts payable, tenant receipt posting, compliance reporting, and audit assistance. The THHA is reimbursed for their services through monthly fees, so they are not included in the employee count or the salaries reported.

This property is new-construction and mod-rehabilitation. At this point, we have not experienced high turn-over or extensive repairs. As the property ages, we will add to the maintenance staff for Warren Village to uphold the standards we have set for this community.



2001 N. 19<sup>th</sup> Street, Terre Haute, IN 47804

P.O. BOX 3086 TERRE HAUTE, INDIANA 47803-0086  
812-232-1381 812-234-4164 (FAX) 800-545-1833, ext. 271 (TDD)

# TERRE HAUTE **HOUSING AUTHORITY**

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As you can see, there are many staff members working to make this senior and disabled living facility a safe and welcoming home for 111 local people. We are looking forward to serving the Terre Haute community through the Warren Village property for many years to come. We greatly appreciate all of the support the city and county have given us to make this project possible.

If you have any questions, please feel free to contact me via phone at (812) 232-1381, ext. 200. Thank you so much for your time and consideration.

Sincerely,



Jeff Stewart  
Executive Director  
Housing Authority of the City of Terre Haute  
Warren Village, L.P.

ENCLOSURES



2001 N. 19<sup>th</sup> Street, Terre Haute, IN 47804

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### Warren Village Salary and Positions List

| Positions            | Total Salary & Benefits |
|----------------------|-------------------------|
| Property Manager     | \$ 157,252.92           |
| FT Maintenance Staff |                         |
| FT Maintenance Staff |                         |
| PT Front Desk        |                         |
| PT Inspector         |                         |
| PT Debt Collector    |                         |
| PT Admissions        |                         |



**Motion was made by Councilperson Azar and seconded by Councilperson Loudermilk that the meeting be adjourned. Motion carried.**

Kelley Duggins  
Chief Deputy City Clerk

Todd Nation, President

Michelle L. Edwards, City Clerk