

## COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R4 / 11-16)
Prescribed by the Department of Local Government Finance

MAY 0 9 2018

## 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;

- Property owners whose Statement of Benefits was approved to which there has been compliance with the Statement of Benefit local Designating Body to show the extent
- to which there has been compliance with the Statement of Benefit (C V1.1 12.) 5.6 This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value of theen January 1, and May 15 year, unless a filing extension under 1C 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between 2. This form must be filed with the Form 103-ERA Schedule of Deduction from As

SECTION 1	-	TAX	PAYER INF	ORMATION				
Name of laxpayer Tri Aerospace, LLC			AAA AAAA			County Vigo		
Address of taxpayer (street and number, city, sta	ate and ZIP c	ode)				DLGF taxing	district numb	per
1055 S. Hunt Street						84007		
Terre Haute IN 47803  Name of contact person						Telephone n	umber	
Lindy Price							72-2400	
SECTION 2	lk.	OCATION AND DI	ESCRIPTION	N OF PROPERTY		s poli i um		
Name of designating body Common Council of the Cit	y of Te	erre Haute		Resolution number #4, 2013		Estimated sta 03/01/2		lh, day, year}
Location of property 1055 S. Hunt S Terre Haute I	treet N 4780	)3	29			Actual start do 03/01/2	ale <i>(month, c</i> 2013	lay, year)
Description of new manufacturing equipment, or rechnology equipment, or new logistical distribution	new research	and development to be acquired.				Estimated cor 05/01/2		(month, day, yea
A 4 Axis horizontal machi- aircraft engines and engi:			in the	e producti	on of	Actual comple 05/01/2		onlii, day, year)
SECTION3	RST AT	EMPLOY	EES AND S	LARIES	VI TO	ATTENDED		
	OYEES AN	D SALARIES			ASI	ESTIMATED ON SB	4 4	ACTUAL
Current number of employees						3:	_	36
Salaries						1,316,68		2,338,302
Number of employees retained						33		33
Safaries						1,316,684		2,143,443
Number of additional employees						183,390	3	194,859
Salaries				150	Total Service	103,390		194,035
SECTION 4	MANUF EQU	ACTURING IPMENT	R & D E	QUIPMENT	LOGIS EQUI	ST DIST PMENT	IT EQI	UIPMENT
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	cost	ASSESSED VALUE	cost	ASSESSED VALUE	cost	ASSESSEI VALUE
Values before project								
Plus: Values of proposed project		160,000						-
Less: Values of any property being replaced								
Net values upon completion of project		160,000	-					1005005
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	cost	ASSESSED VALUE	COST	VALUE
Values before project				-				
Plus: Values of proposed project		86,257						
Less. Values of any property being replaced	_		_			-		
Net values upon completion of project	-	86,257						
NOTE: The COST of the property is confidential				NAME IN THE PARTY OF THE	WE TAYOU	(CO	7/3-1	18 E 101
SECTION 5 WAS		OTHER BENEF		S PROMISED BY		ESTIMATED ON SB	4 /	ACTUAL
WASTE CON								
WASTE CONV Amount of solid waste converted	-186							
Amount of solid waste converted  Amount of hazardous waste converted  Other benefits: See attached  SECTIONS			ER CERTIFI	CATION				Land In
Amount of solid waste converted  Amount of hazardous waste converted  Other benefits: See attached	ement are tr		ER CERTIF	CATION		Date-signed	(month, day,	year)

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

Name of laxpayer

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Client/Loc 29323

Tri Aerospace, LLO	
ECTION 5	WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER
Other benefits:	retirement benefits of contribution to 401(k) and comprehensive
health insurance	vision, dental, and long-term disability insurance.
mearth insurance,	VISION, dental, and long term disability insulance,
•	
	•

# 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, 1-12-5.9)

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- 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.
- 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 compy was caused by factors beyond the control of the property owner.
- 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 substantia	I compliance		
☐ the property owner IS NOT in subs	stantial compliance		
other (specify)			
Reasons for the determination (attach ad	iditional sheets if necessary)		
TX.			
		- XIC	
Signature of authorized member			Date signed (month, day, year)
Attested by:		Designating body	
,			
If the property owner is found not to following date and time has been set		property owner shall receive the opporing compliance.	rtunity for a hearing. The
Time of hearing ☐ AM ☐ PM	Date of hearing (month, day, year)	Location of hearing	
	HEARING RESULTS (to	be completed after the liearing)	REPORT OF THE PARTY OF
	Approved	Denied (see insruction 5 above)	
Reasons for determination (attach addition	nal sheets if necessary)		
Signature of Juthorized member	<u></u>		Date signed (month, day, year)
Attested by:		Designating body	1 1/1/2
	APPEAL RI	GHTS [IC 6-1.1-12.1-5.9(e)]	****
A property owner whose deduction is	denied by the designating body may a	opeal the designating body's decision by filing	ng a complaint in the office of the

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## STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51764 (R2 / 12-11) Prescribed by the Department of Local Government Finance

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MAY 09 2018

FORM SB-1/PP

**PRIVACY NOTICE** 

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1,1-12,1-5.1 (c) and (d).

## INSTRUCTIONS:

- INSTRUCTIONS:

  1. This statement must be submitted to the body designating the Economic Review and the Interpretation 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 undor information technology equipment for which the person wishes to delim a daduction. "Projects" planned or committed to effer July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
- 2. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, BEFORE a deduction may
- 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 lownship 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 end/or research and development equipment end/or logistical distribution equipment end/or information technology equipment is installed and fully functional, unless a filing extension must file the form between March 1 and the extended due date of that year.
- 4. Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Stoloment of Benefits. (IC 6-1.1-12.1-5.6)

adopted by the design	snag unger IC 6-1.1-12 aling body (IC 6-1.1-12		(е) арруу ю өд	vipment insie	иса вцвг мвт	ar 1, 2001, ut	uess an ailen	nauvo a	еаисиол	з сепеашо і
SECTION 1			TAXPAYER	INFORMATI	ON .					
Namo of taxpayer Tri Aerospac	e, LLC	-		-				-		
Address of texpayer (number	r end street, city, state, and	ZIP code)	ato TNI A	7803						
Name of contact person	unt Street, T	erre nau	ite, in 4	7005			Telephone nu	mber		
R. Laurence	Cross					•	(812)		2400	)
SECTION 2		LOCATIONA	ND DESCRIPT	ION OF PRO	POSED PRO	JECT .				
Name of designating body	24 . 6 . 1 . 624		ma Hanta	Tradian	10	•	Rosondon nu	mber (a)	201 <b>3</b>	}
Location of property	il of the Cit	y or ler	те пацсе	Count	167		DLGF taying d			
1	t Street Ter	re Haute	. IN 478		•					
1055 South Hun Description of manufactur	ing equipment and/or r	esearch and o	Jevelopment ed	uipment				ESTIM	ATED	
and/or logistical distributions additional sheets if n					<u> </u>		START D/	IJΕ	COMPL	ETION DATE
A 4 axis hori	zontal machin	ing cent	er used	in	Manufacturin	g Equipment	March 2	2013	May	2013
the production	n of aircraft	engines	and eng	ıne	R & D Equipo	ment	ļ			
parts.					Logist Dist E	quipment		1		
					IT Equipment	 1				
SECTION 3	ESTIMATEO	E EMPLOYEE	S AND SALAF	RIES AS RES	l		Eer			
Current number	Salaries		t tegajueq	Şələricə		Number ad		Sələri		or a residence of the
33	\$61, 130,00				L30.00	3		\$61	,130	.00
SECTION 4	EST		AL COST AND	VALUE OF F	ROPOSED P					
NOTE: Pursuant to IC 6-	1.1-12.1-5.1 (d) (2) the		ACTURING PMENT	R&DEQ	UIPMENT	LOGIS'		IT	EQUIP	MENT
COST of the property is o	onfidential.	cosr	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	cos	T /	ASSESSED VALUE
Current values										
Plus estimated values of p	· · · · · · · · · · · · · · · · · · ·		\$160,0	00						
Less values of any proper Net estimated values upon	<u> </u>									
SECTION 5			ND OTHER BE	NEFITS PRO	MISED BY T	AF TAXPAYE	2 14 3 3 10 1			
Estimated solid waste cor					azardous wast					
Other bone Rs: Employe	ae racaina ra	tivement	· henefit	s of cor	tributio	on to 40	1(k) and	1		
comprehensive	health insur	ance. vi	sion, de	ntal. ar	nd long-t	erm dis	ability	insu	ranc	е,
SECTION 6			TAXPAYER C						705( 170mgs	
SQ-CHOM9	l hereb	v certify that th	ilsineaerger or			e.				
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,							
Signalute of Juthorized repres	eplativo			Title			Pate signed (mo	xılı, day,	(year)	
Signature of Jurnoxized repress	enlativo vuv				230.21 MAI		2 /2}	nih, day, 13	(year)	

OUT IDENTING

### FOR USE OF THE DESIGNATING BODY

ri. ino deorgridico	area has been limited to	a period of time not to exceed	calenda	ar years *	(see below). The date this designation expires
is					
	fuction that is allowed in of new manufacturing eq	the designated area is limited to: pulpment;	☐ Yes		CONFIDENTIAL
2. Installation of	of new research and dev	relopment equipment;	☐ Yes		
	of new logistical distribut of new information techn		☐ Yes ☐ Yes		
\$		new manufacturing equipment is limit			
	deduction applicable to r		ment is limited to	\$	cost with an assessed value of
E . The amount of o	deduction applicable to	new loalstical distribution equipment i	s limited to \$		cost with an assessed value of
\$			*		an a s
F: The amount of c	teduction applicable to r	emajupo voologidas noitamatem	of is limited to \$	71 E)	cost with an assessed value of
					***************************************
				14	
		ulpment and/or new research and de installed and first claimed eligible for			
new information	technology equipment (		deduction on or at	fter July 1,	
new information 1 year 2 years	technology equipment i 6 years 7 years	installed and first claimed eligible for	deduction on or at prior to July 1, 200	fter July 1, 10, <u>only</u> a	
new information 1 year 2 years 3 years	technology equipment i  6 years  7 years  8 years	installed and first claimed eligible for "For ERA's established p	deduction on or at prior to July 1, 200	fter July 1, 10, <u>only</u> a	
new information  1 year  2 years  3 years  4 years	technology equipment i  6 years  7 years  8 years  9 years	installed and first claimed eligible for "For ERA's established p	deduction on or at prior to July 1, 200	fter July 1, 10, <u>only</u> a	
new information 1 year 2 years 3 years	technology equipment i  6 years  7 years  8 years  9 years	installed and first claimed eligible for "For ERA's established p	deduction on or at prior to July 1, 200	fter July 1, 10, <u>only</u> a	
new information  1 year 2 years 3 years 4 years 5 years **	technology equipment i  6 years  7 years  8 years  9 years  10 years **	installed and first claimed eligible for "For ERA's established p	deduction on or al prior to July 1, 200 nay be deducted.	fter July 1, 00, <u>only</u> a	2000, is allowed for:
new information  1 year 2 years 3 years 4 years 5 years**  Did the designal If yes, attach a co	lechnology equipment i  6 years  7 years  8 years  9 years  10 years **  ting body adopt an alternopy of the alternation continuous	installed and first claimed eligible for ** For ERA's established p 5 or 10 year schedule n native deduction schedule per IC 6-1, aduction schedule to this form.	deduction on or election to July 1, 200 may be deducted.  1-12.1-17?	fter July 1, 00, <u>only</u> a	2000, is allowed for:
new information  1 year 2 years 3 years 4 years 5 years**  Did the designal If yes, attach a content of the determined that the	technology equipment i  6 years  7 years  8 years  9 years  10 years **  ting body adopt an alternative de the information contotality of benefits is suf-	restalled and first claimed eligible for the For ERA's established programmed from 5 or 10 year schedule number of the form.  The statement of benefits and ficient to justify the deduction described.	deduction on or election to July 1, 200 may be deducted.  1-12.1-17?	fter July 1, 00, <u>only</u> a	, 2000, is allowed for: